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BMC

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Bibliotheca Medica Canadiana

Le journal de l'Association des bibliothèques de la santé du Canada

- Information Needs of Women with Multiple Sclerosis
- Virtual Libraries: Canadian Librarians and the Information Highway
- An Internet Primer for Medical Librarians
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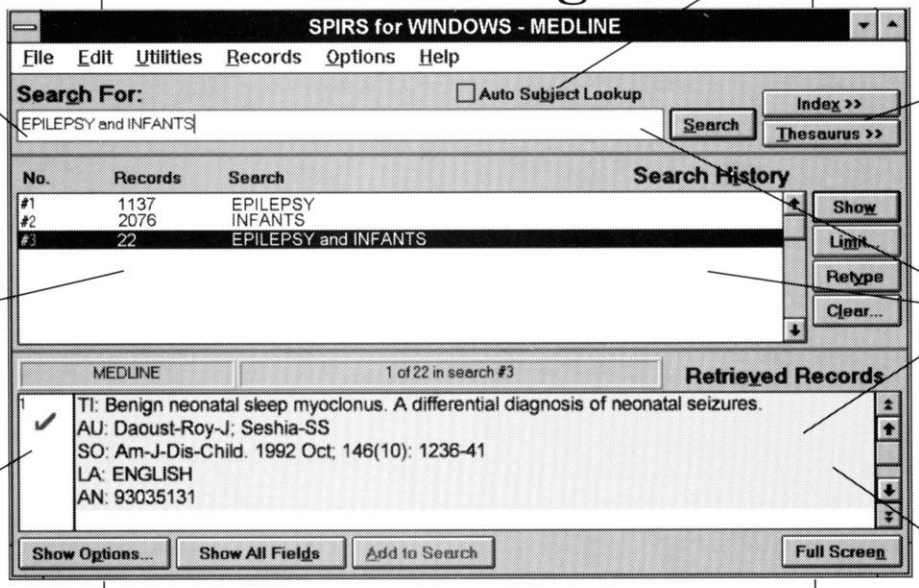

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The **Bibliotheca Medica Canadiana** is a vehicle providing for increased communication among all health libraries and health sciences librarians in Canada. We have a special commitment to reach and assist the worker in the smaller, isolated health library.

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Information for contributors, the **BMC** editorial policy and a list of CHLA/ABSC Board members can be found in issue 16(1).

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La **Bibliotheca Medica Canadiana** a pour objet de permettre une meilleure communication entre toutes les bibliothèques médicales et entre tous les bibliothécaires qui travaillant dans le secteur des sciences de la santé. Nous nous engageons tout particulièrement à atteindre et à aider ceux et celles qui travaillent dans les bibliothèques de petite taille et les bibliothèques relativement isolées.

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L'avertissement aux auteurs, la politique de éditeurs, et une liste de members du Conseil de l'ABSC/CHLA se trouvent dans le numéro 16(1).

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Editor's Message

David Colborne

The articles and reports that comprise this issue of **Bibliotheca Medica Canadiana** touch on many of the topics that are currently of concern in health libraries. We are fortunate to have 3 of the presentations from the excellent 18th Annual CHLA/ABSC Conference held last June in London, Ontario. Included in this issue are the text of presentations by Lynda Baker, Vicky Duncan and Stan Skrzeszewski. Both Lynda Baker's and Vicky Duncan's articles address the issue of health information and the healthcare consumer, but in substantially different ways. Lynda presents the results of an in-depth study of how women with multiple sclerosis seek information while Vicky looks at how genetic support groups, health care professionals, and librarians can work together in the provision of information on genetic disorders. Stan Skrzeszewski gives us an idea of the challenges that the age of the "virtual library" presents to librarians, as well as presenting some strategies for meeting those challenges.

In addition to these 4 articles we also have book reviews submitted by Elyse Pyke and Susan Murray. Both of these reviews complement articles in this issue.

Much of this issue is devoted to **DOCLINE**. CHLA/ABSC has provided a detailed information update and Michelle Slachta reports on **DOCLINE** developments from CISTI's vantage point. Closely related to **DOCLINE** developments are the Terms of Reference for CHLA/ABSC's Task Force on Resource Sharing.

Please note the timelines for the standards document that the Task Force on Library and Information Services in Canadian Health Care Facilities has outlined in its report. The members of the Task Force will be looking for your feedback early in 1995.

Finally I would draw your attention to the announcement for the 19th CHLA/ABSC Annual Conference to be held in St. John's Newfoundland, in June 1995. The conference committee is putting together an ambitious, relevant, and exciting program.

Thanks to all contributors. Remember that we need your articles, your reviews, and your news. ■

Errata

The editors of BMC apologize for the omission of the Newfoundland and Labrador Health Libraries Association report in issue 16(1). It appears in this issue.

Also please note that the Vice President of the Saskatchewan Health Libraries Association as reported in the last issue, should read Joan Ellis-Hill and the phone number of the President (Helen Beaven) is 306-655-4600. ■

A Word from the President

George Beckett

In this issue of BMC you will see a revised version of the **CHLA/ABSC information update on DOCLINE for Canadian libraries** (for the French translation see **Mise à jour de l'ABSC/CHLA sur l'usage de DOCLINE par les bibliothèques canadiennes**, also published in this issue). This information update is one example of the interest which CHLA/ABSC is taking in the area of resource sharing and document delivery. The terms of reference for the new task force on resource sharing will be reviewed at the upcoming Board of Director's meeting. Flowing from the creation of the task force, you, the members of CHLA/ABSC, can expect to see a number of initiatives over the next year designed to assist the membership in dealing with this very important topic.

On a related topic I am pleased to be able to report that a revised health sciences information advisory committee for CISTI has been created. This is a successor to the former Health Sciences Resource Centre Advisory Committee of CISTI. The new committee will be a sub-committee of the Advisory Board on Scientific and Technological Information (ABSTI) which is the major policy advisory committee for CISTI. While the terms of reference for the new committee are still in the draft stage it appears that CHLA/ABSC will have two representatives on the five member committee.

CHLA/ABSC has nominated Lea Starr from the John W. Scott Health Sciences Library, University of Alberta and Linda Wilcox from the Shared Library Services, South Huron Hospital in Ontario, to sit as our representatives on this important committee. If you have comments, concerns, complaints or compliments about CISTI please contact Lea, Linda or any of the members of the Board. The first meeting of the revised committee is scheduled for the end of October, 1994. CISTI is an important component in the health sciences information infrastructure in Canada. We need to ensure that future developments at CISTI take into consideration the needs of the health sciences community throughout Canada.

The Board has recently responded to a consultation paper on the future development of human resources for the Information Resources Sector. This consultation paper was developed by the Alliance for Libraries, Archives and Records Management (ALARM), which is composed of representatives from various national organizations in the library, archival and records management fields. While CHLA/ABSC is not a member of this group we are watching its activities closely since it is trying to develop strategies to deal with the rapid change with which all of us must cope.

It is a busy year and there is much more to come! Revisions to the CHLA/ABSC Health Facility Library standards are well underway and you will be hearing more about them shortly. Preparations for the 1995 annual conference in St. John's, Newfoundland are also advancing well. Mark June 4-7, 1995 on your calendar now and join us on the ROCK for an interesting educational experience!

I am always happy to receive comments and suggestions about the association. Please do not hesitate to contact me at any time.

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Un Mot du Président

George Beckett

Dans le présent numéro de **BMC**, vous trouverez une version révisée de la mise à jour de l'ABSC/CHLA sur l'usage de **DOCLINE** par les bibliothèques canadiennes. Cette mise à jour témoigne de l'intérêt que montre l'ABSC/CHLA dans le domaine du partage des ressources et de la transmission des informations. Les paramètres du groupe de travail qui s'occupe du partage des ressources seront révisés lors de la prochaine réunion du Conseil d'administration. Par suite de la création du groupe de travail, les membres de l'ABSC/CHLA peuvent s'attendre à voir, dans l'année qui suit, un certain nombre d'initiatives dont le but sera d'aider les membres à aborder ce sujet important.

En ce qui concerne un sujet relié à celui-ci, je suis content d'annoncer la création d'un comité consultatif révisé en sciences de la santé pour l'ICIST. Ce comité succède au Comité consultatif du centre bibliographique des sciences de la santé. Le nouveau comité sera un sous-comité de la Commission consultative sur l'information scientifique et technologique (CCIST), la principale commission consultative d'orientation de la politique générale de l'ICIST. Tandis que les paramètres du nouveau comité sont toujours en discussion, il paraît que l'ABSC/CHLA aura deux représentant(e)s sur un comité de cinq personnes.

L'ABSC/CHLA a nommé Lea Starr de la Bibliothèque des sciences de la santé John W. Scott de l'Université de l'Alberta, et Linda Wilcox des Services partagées de la bibliothèque à l'Hôpital South Huron en Ontario, nos représentantes sur ce comité important. Si vous avez des commentaires ou des questions sur l'ICIST, veuillez vous adressez à Lea, Linda ou aux membres du Conseil. La première réunion du nouveau comité aura lieu à la fin d'octobre, 1994. L'ICIST fait partie intégrale de l'infrastructure de l'information dans le domaine des sciences de la santé. Il faut nous assurer que dans les développements à l'ICIST dans l'avenir on tienne compte des besoins de la communauté des sciences de la santé au Canada.

Le Conseil vient de répondre à un rapport consultatif sur le développement des ressources humaines pour le secteur des ressources de l'information. Ce rapport a été développé par l'Alliance for Libraries, Archives and Records Management (ALARM), qui se compose de représentant(e)s venant de diverses associations nationales dans les domaines des bibliothèques, des archives et de l'administration des dossiers. Tandis que l'ABSC/CHLA n'est pas membre de cette association, on suit de près ses activités parce qu'elle essaie de développer des stratégies pour venir à bout de tous les problèmes actuels auxquels nous faisons face.

Cette année est déjà chargée et il y aura beaucoup plus de travail à venir! Les révisions des normes des Bibliothèques des établissements de la santé progressent de manière satisfaisante et on vous en fera part bientôt. Les préparatifs de la réunion annuelle de 1995 à St. John's, Terre-Neuve, sont bien en cours. Marquez les dates du 4 à 7 juin sur votre calendrier, et venez nous rejoindre à Terre-Neuve pour une aventure agréable et instructive!

Je suis toujours content de recevoir des commentaires et des suggestions au sujet de l'Association. N'hésitez pas à vous mettre en rapport avec moi. ■

Monitors and Blunters: Patient Health Information Seeking from a Different Perspective

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Who are monitors or blunters? Why should library and information professionals want to know about these people? Monitoring and blunting can be defined as a person's preference for information style. In times of stress, monitors are people who actively seeking information, while blunters are those who shy away from it. To date, research on monitors and blunters has been carried out by psychologists, sociologists and health professionals, but not by librarians. As information providers, librarians should be aware of the literature on monitoring and blunting, so that they may tailor information (and the delivery of that information) to suit people's preference for information style. This study was undertaken in an attempt to understand how women's preference for information style affected their interest in and desire for information about multiple sclerosis.

Overview of Multiple Sclerosis

Multiple sclerosis (MS), a chronic inflammatory disease of the central nervous system, strikes women more than men, affects Caucasians more than other racial groups, and is predominant in colder climates north and south of the equator. According to the Multiple Sclerosis Society of Canada, over 50,000 Canadians have MS. Although cases have been reported in both younger and older age groups, MS usually strikes adults between the ages of 20 and 40.

Scientific and medical research on this disease has been extensive since the mid-nineteenth century when Jean-Martin Charcot first identified its clinical and pathological features (1). Although the cause of MS has mystified scientists and physicians for many years, current research seems to support the theory that MS is an autoimmune disease, whereby an individual's immune system attacks the self (2). The course of the disease is unpredictable and to date, there is no cure. The new drug, Beta interferon, offers some hope to many people with relapsing/remitting MS (MS characterized by acute episodes followed by remissions). However it may be years before most Canadian patients will have access to it. The drug company manufacturing and supplying it "is just about to submit" the necessary paper work to the Health Protection Branch of the Canadian government for approval to use the drug in Canada (3).

For library and information professionals interested in patient health information, MS provides an opportunity for studying the role of information in the process of coping with and adjusting to a chronic, unpredictable disease. The purpose of this study was to ascertain the information needs and information seeking patterns of women with MS at three different time periods in the disease process. An attempt was made to understand how preference for information style, or length of time with MS, affected their interest in and desire for more information about certain topics known to be relevant to people with the disease.

The Role of Information in Coping with and Adjusting to MS

Although many social scientists and health professionals have studied how people cope with MS, two studies were of particular interest because they discussed the coping process as well as the information sought and the resources used. The groundwork on adjusting to MS was done by Matson and Brooks who studied a sample of people to determine how they had adjusted to the disease since diagnosis. Self concept was used as the indicator of adjustment, where self concept was defined as "the image one holds in one's 'mind's eye' of oneself" (4). The results suggested that most of the adjustment had taken place in the first ten years of the disease and that while self concept seemed to improve over time, it was mediated by the degree of impairment.

Based on their findings, Matson and Brooks proposed a four-stage model of adjustment to MS, in which information can be seen to play a role. Newly diagnosed patients entered Stage I (denial) immediately. In this stage, patients sought information through different medical channels in an attempt to find a physician who would dispute the diagnosis. This information-seeking behaviour has been defined as a completely defensive activity, wherein patients seek more information in order to question the diagnosis and find a more acceptable answer (5). In Stage II (resistance), Matson and Brooks found that once people acknowledged the possibility of having MS, they anxiously sought information about the disease and a cure. Patients also turned to others with the same disease and participated in classes or groups "to garner any information which may be helpful" (4). Stage III, (affirmation), was defined as the time when individuals had accepted the diagnosis, had started constructing a new self concept, and had begun to explain MS to others in their environment in an attempt to alter the perspective of the other person so it would be more compatible with their own (6). The act of telling others about MS can be viewed as information-seeking behaviour, in so far as these people are seeking feedback from those to whom they have revealed their condition. Stage IV, (integration), began when the person has fully accepted the disease, dealt with exacerbations with minimal emotion and spent energy on matters other than the disease. Although the authors did not indicate that any information was needed during this prolonged stage, it is conceivable that throughout the disease, some people might want to keep up-to-date on MS research and new treatments. Indeed, Robinson found that keeping up-to-date with medical news helped people with the disease make sense of the future (7).

Brooks and Matson have also provided a description of the information needs and information-seeking behaviour from the patients' perspectives. For example, information given by the physician was seen as inadequate, perhaps because "patients desire life-encompassing direction" which may be beyond the knowledge domain of the individual physician (8). Most people with MS wanted practical information that would help them live with their condition (8,9). To find this information, they used books, literature published by the multiple sclerosis societies, government publications, medical journals found in public libraries, and other MS patients (8,10).

In her study of the information needs and seeking behaviours of a cross section of people with MS, Phillips (11) also found that

people used a variety of "strategies to deal with the stress produced by the disease," including hoping, thinking the problem through, being objective, drawing on past experiences and finding meaning in the situation (11). She interviewed 50 people who had had MS for varying lengths of time (one to twenty years), to ascertain if the information they wanted at the time of diagnosis differed from the information they wanted at the time of the study. Although 21% of the participants remembered not wanting any information at the time of diagnosis, 34% of the people wanted biological and sociological information. The author noted that later in the disease process, people wanted biological, sociological and economic information. Neurologists and the MS Society were the most frequently consulted resources for information, followed by other people with MS, pamphlets, books from the library, and friends.

Theory of Monitoring and Blunting

In both of the studies mentioned above, the authors discussed the better known emotion-focused and problem-focused coping strategies. People can also handle stress by seeking or avoiding information. A considerable amount of research has been done on this style of coping by Suzanne Miller, a psychologist, who has described monitors as people who handle stress by seeking a considerable amount of information, while blunters are people who, in stressful situations, reject information or use distraction as a method of "blunting" the impact of stress (12). She developed the Miller Behavioral Style Scale (MBSS) to identify monitors and blunters.

In a study of women undergoing colposcopy, Miller and Mangan were interested in the relationship between the women's desire for information and their emotional response to this procedure (13). Forty women completed the MBSS. Half the monitors and half the blunters were assigned randomly to either a high information group (HIG) or a low information group (LIG). The HIG received "voluminous preparatory information," while the LIG received little information. Both the monitors and the blunters in the HIG reacted adversely to the overload of information. Monitors experienced high anxiety, depression and a longer recovery period, whereas blunters continued to have increased heart rates long after the termination of the examination. The results indicated that too much information increased the women's distress levels by forcing them to confront too many possible dangers. Miller and her colleague concluded that the amount of preparatory information should be consistent with the patient's coping style.

Another study involved a comparison of people with hypertension to a control group with normal blood pressure readings (12). Miller found that over two-thirds of the hypertensive patients were monitors, whereas three-quarters of the people with normal blood pressure were blunters. The author observed that although the results were preliminary, people with hypertension "tend to monitor and scan for threat-relevant cues, even when the situation is uncontrollable" (12). Since some similarities exist between hypertension and MS, mainly their unpredictable nature, the general hypothesis of this study was that a greater number of women with MS would exhibit more monitoring than blunting behaviour.

"People can handle stress by seeking or avoiding information."

Objectives of this Study

The present study was designed to ascertain the information needs and seeking patterns of women with MS at three different time periods in the disease process: the newly diagnosed period (from diagnosis to 12 months); the active coping stage (from 2-3 years) and the acclimated stage (from 5-7 years). The main questions guiding this study were:

1. Can monitors and blunters be identified in a sample of women with MS?
2. Does preference for information style affect the women's interest in and desire for topics of information known to be relevant to people with this disease?

It was expected that, throughout the course of the disease, women with a high preference for information style (monitors) would be more interested in and want more information about MS than would women with a low preference for information style (blunters).

Sample

The participants were selected from a MS clinic. The study was limited to women to control for possible effects of gender-based information-seeking patterns. Only women who had a probable or confirmed diagnosis of MS and who fell into one of the three time frames noted above were selected. Women who were experiencing an acute exacerbation or who had cognitive problems were excluded from the study. From a total of 414 potential subjects, 260 women were randomly selected to receive the questionnaire: 60 from the newly diagnosed group, 100 from the 2-3 year group and 100 from the 5-7 year group. The questionnaires were distributed in such a way that each of the three subject groups was exposed to an equal representation of the three formats in order to eliminate possible response bias. Packages were mailed out which included the questionnaire, a letter from a well-known staff member of the clinic introducing the researcher and the study, and a letter from the researcher ensuring anonymity and advising the subjects of their right to refuse to participate in the study and of their right to withdraw at any time.

One hundred and sixty completed questionnaires (61.5%) were returned: 60% from women in the newly diagnosed group, 67% from women in the 2-3 year group and 57% from women who had had MS for 5-7 years. There were 81 monitors and 77 blunters ($\underline{M}$= 4.36; $\underline{SD}$=3.86); two women did not complete the Miller Behavioral Style Scale. The women ranged in age from 18 to 78 years ($\underline{M}$= 41.02; $\underline{SD}$=11.02) and in education, from eighth grade to six years of postsecondary education ($\underline{M}$= 13.23 years; $\underline{SD}$=2.44). No significant differences were found in age or education between the three groups, that is, between the women who were in different stages of the disease.

Questionnaire

The questionnaire was composed of three different instruments. The Miller Behavioral Style Scale was used to measure preference for information style, identifying monitors and blunters (14). It is composed of four short scenarios, each followed by eight declarative sentences, four of which reflect a monitoring style (e.g., "I would ask the dentist exactly what he was going to do"), while the other four sentences depict a blunting style (e.g., "I would try to sleep"). Subjects are instructed to choose all the statements that best describe their reactions to the particular situation. The subjects' scores were

calculated by subtracting their total number of blunting responses from their total number of monitoring responses (15). The mean was used to divide the subjects into monitors (those whose scores were above the mean) and blunters (those who scores fell below the mean). The validity of the MBSS to predict information seeking in response to stress has been documented in a laboratory setting involving physical or psychological stressors (14), and has also been reported by authors who have used the MBSS in medical situations. (15)

The Interest and Amount questionnaires included 29 topics on a wide variety of physiological, psychological, social and economic items known to be relevant to people with MS. The participants were asked to indicate, on a 5-point scale (1=no interest, 5=extremely interested; 1=wanted no information, 5=wanted everything), their level of interest in and desire for information on each topic. The questionnaire was pretested with a small sample of women who had had MS for varying lengths of time.

Results

It was expected that regardless of the length of time with MS, monitors would be more interested in and want more information about their disease than would blunters. Two-way analyses of variance were carried out on each topic and significant interactions between preference for information style and length of time with MS were revealed for four topics: uncertainty, hereditary aspects of MS, understanding the role of the caregiver, and memory problems. Monitors were more interested in uncertainty, $F(2,135) = 3.07$, $P=.049$, and the hereditary aspects of MS, $F(2,138) = 4.97$, $P=.01$, than were blunters. The topic, understanding the role of the caregiver, $F(2,133) = 4.27$, $P=.016$, was of more interest to newly diagnosed monitors and blunters who had had MS for 2-3 years than to any other group. Blunters who had had MS for 5-7 years wanted more information about memory problems, $F(2,143) = 4.19$, $P=.017$, than did any other group. These results suggest that monitors seemed to be interested in information about some topics early in the disease process, while blunters became more interested in or wanted more information after having coped with the disease for several years.

Since differences were found to exist between monitors and blunters on only four topics, it was not surprising to note the relatively high level of interest in and desire for more information on the 29 topics among all participants. Disease-related topics, such as fatigue, muscle spasticity, overheating, and nutrition garnered the most interest. The women also expressed interest in psychological topics (e.g., hidden disability, uncertainty, and stress), as well as economic ones (insurance and government agencies). For some topics, age and education were mediating factors. The older the women were, the less interest they expressed in topics such as career choices, employer relations, sexual problems and pregnancy. Instead, they were more interested in information on pain, mutual support groups, relations with physicians, living aids, biographies, and the MS Society. They also wanted religious material. Less educated women wanted more information on living aids, the MS Society, understanding the caregiver role, government agencies, and the effects of overheating, a condition which may worsen symptoms for many people with this disease.

Discussion

The considerable interest in and desire for information about MS reflects the unpredictability of multiple sclerosis. As it is impossible to determine what part of the central nervous system will be affected, it is impossible to know what information will be needed or when it will be sought. The findings appear to support the need for a wide variety of information to be available to women with MS throughout the entire disease process. The findings also suggest that preference for information style and length of time with MS may influence information seeking. While monitors seemed to seek information on some topics early in the disease, blunters appeared to wait until they had had the disease for a while.

"Their continous search for information may also reflect the fact that the information they want does not exist."

Two reasons may explain the absence of differences between monitors' and blunters' interest in or desire for more information on most of the topics. Since these topics are known to be relevant to people with MS, they would have been familiar to many of the women in this study, particularly monitors. The absence of differences between the two groups may have been caused by a decrease in monitors' interest (they had already read literature on these topics) and an increase in blunters' interest (seeing the topics may have stimulated their interest), resulting in a balance that precluded different results. Another explanation concerns the design of this project. Unlike other studies that have used the Miller Behavioral Style Scale, in this study, there was no immediate need for the participants to accept or reject information. Instead, the women with MS were asked only to record their level of interest in or desire for information on a wide range of topics. Since the fear of being deluged with information was nonexistent, blunters may have felt less intimidated about recording their actual interest in these topics. Thus, the interest of blunters may have matched the interest of monitors.

The results of this research support the findings of other studies of people with MS. Women with the disease are primarily interested in or want physiological information. Disease-related information may help them cope with the stress of MS, provide clues about treatments that seem to work, provide opportunities to compare their symptoms with those reported in the literature, or keep themselves informed so they may be able to converse with their physicians from a more knowledgeable base. Their continuous search for information may also reflect the fact that the information they want does not exist. Their interest in these topics may decrease only when they have found what they are looking for, i.e., a cure for MS.

Why is it important for library and information professionals to know about monitoring and blunting behaviour? The findings of this study may help library and information professionals understand the information needs and seeking patterns of women with MS. The results may also provide some guidance to librarians who wish to collect material about this disease. Finally, the results seem to support the importance of a good reference interview. Understanding the concept of monitoring and blunting may help librarians to hone their listening skills in order to tailor information to the clients' stated needs and thus reduce, not increase, their anxiety. ■

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Partners in Information: Genetic Support Groups, Health Care Professionals, and the Health Sciences Librarian

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Introduction

The expanding field of medical genetics is changing the way we view and treat disease. Although much progress has been made in mapping the human genome, we must keep in mind the enormous gap between "genetic breakthroughs" and the everyday challenges faced by those with a serious genetic condition. Genetic support groups offer families a way of coping with the emotional and practical adjustments to the disorder. Successful support groups enjoy a healthy partnership with health care professionals because support groups rely on health professionals for current information on the disorder. The role of health sciences librarians in assisting with this information flow is described.

"Human Genome Project", "gene", "chromosome" and "DNA" - these are terms that are becoming a part of our everyday vocabulary. Especially over the last decade with the progress of the Human Genome Project, the field of genetics is changing the way we view and treat disease. As social conditions, public health and medical practices improve, diseases caused by infection and nutritional deficiencies have decreased in relative terms. Diseases with a genetic component to their cause, are becoming proportionally more significant. Today, even with our limited knowledge of gene-disease links, it is estimated that at least 1 in 20 Canadians will experience a gene-related impairment, disability or handicap by age 25. Up to half the admissions to paediatric hospitals and 12% of adult admissions to general hospital are for "genetic diseases". The three illnesses people most commonly die of - cancer, heart disease and stroke all have major genetic components(1). Yet although almost 5,000 genetic traits or diseases have been described, the vast majority of responsible genes have not been identified. Genome research has affected the practical medical care for only a few disorders(2). We must always keep in mind the enormous gap between "genetic breakthroughs" such as the discovery of the Huntington gene and the everyday challenges faced by those with a serious genetic condition. It is this group of health care consumers that I am concerned with today, the parents of children with genetic disorders, parents like some of you who perhaps had hopes, fears, grief, and then many questions. I'd like to examine these families' need for information, how well this need is being met, and how we as health sciences librarians can facilitate access to much needed information.

Genetic counselling

For these parents, the first stop in the health care system will often be a genetics clinic. Genetic counselling will provide the medical information concerning the disease, its probable course and available treatments and options. Genetics counsellors will also explain whether heredity was a factor in the condition and how the condition is passed on from one generation to the next. For those with a family history of a genetic condition considering having more children, the probability of passing the condition to another child can be discussed.

Although genetics counsellors provide much vital and valuable information to the family, a myriad of other questions will arise over the course of the child's life. Questions such as "will my child be able to go to a normal school?", "how can I help my child deal with teasing at school?" or "how old should our son be before we tell him of his condition" are best answered by parents of children with similar disorders. Questions such as "my child has no arms. Does anyone know of a way she could do up her own fly?" can only be answered by other parents of children with no arms. I might also point out that these kinds of questions cannot be answered by doing a Medline search. Obviously, parents' need for information extends beyond the mandate of genetics clinics, the regular health care system and the traditional health sciences library.

"As a health sciences librarian, I know just how frustrating it can be to find information written for the layman on rare genetic syndromes and conditions."

Genetic support groups

Particularly since the 1960's when the self-help movement blossomed, parents have turned to "genetic support groups" to bridge the gaps in the traditional health care system. The support groups offer help with the emotional and physical adjustments to the disorder, as well as keeping the members up to date with current research. Problems, issues and difficulties are discussed to get answers for group members that are simply not available anywhere else.

For many parents, group involvement is the only contact with people who have any real understanding of the emotional trauma they face. I'd like to read a letter appearing in a recent support group newsletter from a parent whose son died of leukodystrophy. Leukodystrophy refers to a group of disorders which affect the brain, spinal cord and peripheral nerves.

> I have been receiving your newsletter for some years now and felt it my link with others who understand and know something about the "strange" disease my son suffered from. Many times, it was my only source of information. Adam died in 1989, and I continued to read the newsletter for information and updates... I would like to thank you for publishing what became my only link to people who knew my family's pain and information I devoured on practical, research, and technical subjects. Thank you also for making possible, through conferences, all of the obvious benefits we all need(3).

You are probably asking yourselves by now "yes, that's wonderful, but how can we help?" "What information can libraries provide to support groups that they are not already sharing amongst themselves?"

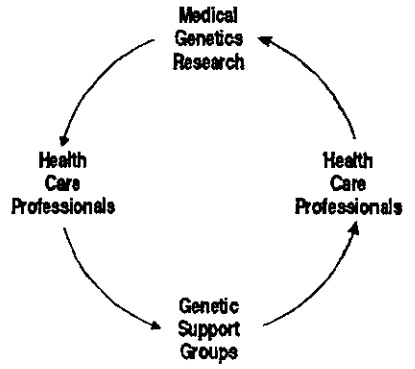
Support groups and health professionals

I can best answer this question by examining the structure of genetic support groups and the flow of information that is both generated by them and from them. The genetic support group is a voluntary organization made up of individuals and family members with similar genetic diagnoses. Often the groups work cooperatively with health care professionals who are part of their medical advisory board. The medical advisory board exists to stimulate and/or fund research, to provide education for the group members and the public, and to advocate for improved services. The importance of a strong healthy relationship between support group and health care professional cannot be overestimated. In an American study of 43 self-help organizations whose members were parents of children with cancer it was found that the groups having the greatest longevity had shared leadership between parents and professionals(4). Support groups are often initiated by health professionals such as pediatricians, nurses and social workers who are also a prime source of referral to the group.

Although the health professional often acts as an educator or lecturer to the group, a 1985 survey of 92 support groups in the United States indicated that the most important way that professionals could be of greater assistance to genetic groups would be to "be more knowledgeable about genetic disorders and disseminate that information". Conversely, when asked how support groups could be of more help to professionals, the most common answer was that the groups should make available more information about the disorders, specifically, what life is like with an affected child in the family(5).

The problem seems to be one of "information flow" - information from health professionals to support groups, and from support groups to health professionals. And it is with the "information flow" that health sciences librarians can offer valuable assistance. Let's see how this might be done.

If we start at the top of the circle, we have the medical research community. This may include research on the Human Genome Project, the field of genetics, or work on specific genetic disorders. Eventually the significant research becomes embodied in conference proceedings and journal literature. Ideally what should happen is that the significant and meaningful genetic research will be read by health care professionals and passed on to the genetic support groups in a way that is meaningful to them. This is the crucial point of information transfer that librarians can facilitate.



Facilitating information flow

Facilitation of information flow involves a few steps. First we must be aware of what support groups are in our catchment area. Most communities have printed a community directory, and this is an excellent place to start. The public library is also a good place to try. Failing that, I can provide assistance by connecting you to the national office of a genetics support group, who will be able to locate the closest local chapter to you.

Secondly, we must make a point of reminding family physicians and paediatricians of the existence of support groups and how they can assist patients. Many physicians, especially physicians in rural areas, overlook the possibility of providing support group information to families. One physician writing on the value of parent support groups believes that "all families should at least have the opportunity of establishing contact with other families — even if they do not want to take it up"(6).

Thirdly, we should keep our eyes open for pertinent research for the genetic support groups in our area. Good journals to review include the *American Journal of Human Genetics*, the *American Journal of Medical Genetics*, and the *Journal of Medical Genetics*. The best general clinical journals to review are the *New England Journal of Medicine* and *Lancet*.

Fourthly, we must ensure that this information gets to the health care professionals in our area who are serving on a support group medical advisory board. Route journal articles or even set up an SDI (Selected Dissemination of Information) on Medline which will alert you to new articles published on syndromes of interest. I believe that these three steps will greatly benefit the information flow. What are the benefits of doing so? There are many. Let's look again at the information cycle. After the information is passed to the support groups, many groups, but not all, will translate this information into lay terms and publish it in a newsletter for their members. These newsletters vary in quality but the majority are very good to excellent, and contain a wealth of practical information, as well as a synopsis of the current state of research in the disorder. For the members of the group, the newsletters are crucial sources of information. In fact, 68% of members' only involvement in the support group is receiving the newsletter(7). The newsletter can also alert members in rural or underserved areas about new research and treatment options being offered in larger centres. Questions can then be posed to one's family physician who we hope, will investigate further and perhaps be informed of new research or treatments.

As a health sciences librarian, I know just how frustrating it can be to find information written for the layman on rare genetic syndromes and conditions, but I am happy to report that support group newsletters are authoritative and accessible. Many groups are happy to provide a sample issue, as well as brochures outlining the disorder. If we can facilitate the information flow from health professional to support group, we will greatly assist in the publication of the group's newsletter, which benefits both members, librarians, health professionals and potential support group clients.

The cycle, however, does not end here. One important role that groups play is that of educating health professionals. Support groups can supply speakers to talk to professional groups about the impact of the genetic disorder upon the family. This kind of practical, 'real' information is enormously helpful when professionals counsel newly diagnosed patients. In some situations, a physician may decide to refer a family to a support group instead of providing individual counselling. Support groups can, when appropriate, provide a cost-effective, efficient alternative to individual counselling. When support groups and health professionals enjoy a healthy partnership, support groups are more than willing to cooperate in case and research studies on the disorder. So not only do support groups pass on useful information to health professionals, they also stimulate the circular flow of information by partici-

pating in research and adding to the genetic information 'bank'(8).

The Provincial IODE Genetics Resource Centre

The genetics support group has increasingly become a valuable health care team partner, providing a cost-effective method of transferring information and counselling. Recognizing this movement, the Concern for Children Committee of the Provincial Chapter of the I.O.D.E. (International Order of the Daughters of the Empire) awarded a grant to set up a genetics resource centre to the Regional Medical Genetics Centre at the Children's Hospital of Western Ontario. I was hired as the Centre's Coordinator in November 1993.

A primary task of the Resource Centre is to create and maintain a database of the national offices of all Canadian genetics support groups, as well as American groups if no Canadian group exists. This project is now complete and we have just published the second edition of the **Canadian Directory of Genetic Support Groups** (see ordering information at the end of this article). One can now look up the name of a genetic disorder in the index of the Directory, and locate the national office of the appropriate support group. The national office will assist you in finding the closest support group for your client. We chose to include only the national office's address in the Directory because of the terrific turnover and membership change within the local groups. Instead, we have left a blank space to write in local information. Between the two editions of the Directory, we witnessed changes to approximately 90% of the national offices. Because of the rate of change associated with support groups, we plan to send out regular updates to purchasers of the Directory.

The Provincial IODE Genetics Resource Centre is also an excellent source of information on genetic disorders, including diagnosis, screening, counselling and medical management. The IODE also contributes funds to purchase books and journals for the Centre. Geneticists have access to "POSSUM" (Pictures of Standard Syndromes and Undiagnosed Malformations), an Australian interactive laser disc program which helps to diagnose genetic disorders after the symptoms are entered. Extensive journal reprint files arranged by subject hold medical information, while consumer health information is housed in files arranged by support group name. I urge all of you to take advantage of this excellent collection of resources.

Conclusion

As health care dollars continue to shrink and gaps in the system become more apparent, the self-help movement will continue to mushroom. A 1987 Statistics Canada survey estimated that 1 in 25 Canadians belonged to some form of self-help group. The growing self-help movement has not been lost on physicians. In a recent article in the *Canadian Medical Association Journal*, psychiatrist Allan Peterkin warns that "doctors who ignore the movement may be missing an important way to educate and support their patients"(9). Dr. J.V. Leonard wrote in the *British Medical Journal* in 1991 "doctors tend to be suspicious of parent (or patient) power, but they should recognize the importance of these groups. They have a valuable contribution to make, and we should all work closely with them"(6). In 1992, the Ontario Medical Association drafted a definition of self-help and mutual aid which also confirms medicine's acknowledgement of the self-help group as a 'member of the health care team'. I include the definition here:

> Self-help/mutual aid groups are voluntary, member-run, non-profit groups or networks made up of individuals who share a common physical or mental health conditions, or stressful life situation. These groups draw upon the experience of members to provide support, information, coping skills, problem solving and advocacy. Group members are empowered to take control over their lives, support others, and develop positive attitudes about themselves and their condition. Studies have shown that these groups provide a cost-effective complement to professional health care services. They have been shown to decrease the need for hospitalization, increase positive feelings about conditions and illnesses and enhance skills that enable individuals to enjoy a greater quality of life in their communities(10).

We will be wise to watch, monitor and assist the growing self-help movement in Canada. Genetic support groups are just one type of self-help group. Others include mental health conditions, addictions, stressful life transitions such as divorce or single parenting; and groups for seniors, victims of violence and women's issues. The influential government policy paper "Mental Health for Canadians: Striking a Balance" supports self-help as a concept and mechanism for promoting mental health. Together with the 1986 discussion paper "Achieving Health for All" (Health and Welfare Canada) these documents emphasize self-help as a key strategy for health care delivery into the 21st century. As health sciences librarians, we must acknowledge a new strategic direction in health care, and constantly seek opportunities to facilitate the information flow to this rapidly growing client group.

To obtain a copy of the **Canadian Directory of Genetic Support Groups**, send your name, the name of your institution or organization, address, phone and fax numbers along with $26 ($27 if ordering from outside Canada) to:

Gayle Sheridan
Children's Hospital of Western Ontario
800 Commissioner's Road East
London, ON N6C 2V5
Phone: 519-685-8140
Fax: 519-685-8214

Cheques should be made payable to the **"Canadian Association of Genetic Counsellors"**. ■

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An Internet Primer for Medical Librarians

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Knowledge of the Internet is quickly becoming a job expectation for medical librarians. Medical information is covered well on the Internet, and communication with colleagues is enhanced. This article is aimed primarily at the hospital librarian who lacks institutional Internet access, and provides advice on obtaining accounts and training.

The Internet ??

Internet — Information Highway — *Infobahn*. Net-talk seems to be on everyone's mind these days. Those of us not already "wired" are starting to feel left out, yet getting connected seems a daunting task. If you are feeling like a technogeek, this article is for you. Read on.

So convince me

Hospital librarians need connections to the Internet because a) physicians are starting to expect librarians to know this stuff; b) medicine is among the subjects best covered on the network(1); and c) communication among colleagues geographically distant from each other is greatly enhanced by Internet electronic mail.

Both the U.S. National Library of Medicine and National Institutes of Health make their publications accessible via the Internet(2). Numerous mailing lists on medical topics are available to users(3). Document delivery services, like **CARL Uncover**, offer rapid delivery of articles through an Internet connection(4). **Medline** and other commercial online databases are now searchable over the Internet, with some potential cost savings from faster transmission speeds(5). If you have a question you can't answer, help is available from numerous willing colleagues through mailing lists on various topics.

Think of the Internet as a marketing tool

Those of us who offer library instruction on the Internet have discovered that these courses draw an eager and enthusiastic group of learners. Libraries need to think of the Internet as just another library, and make it their domain. Users are dazzled by the Internet, and by association to the librarians who help them discover its riches. Internet instruction can be a powerful marketing tool for your hospital library. Think about it: when was the last time you dazzled a patron?

But my hospital does not have an Internet connection

Most Canadian hospitals have no Internet access even though they may have rich computing resources and internal networks. A few have given added value to these networks with Internet gateways and may offer Internet accounts to both administrative and medical staff. The vast majority of hospitals have only limited plans or no plans for connectivity in the near term.

Too bad, because more and more hospital staff are not content to wait around for their hospitals to implement a connection. They are acquiring accounts from local universities where they hold academic appointments, or from commercial services who provide access for a fee. In much the same way, many hospital librarians have used their affiliation with university programs to acquire accounts on that university's Internet computer. However, for many hospital librarians, no academic affiliation has meant no Internet connection. For this group, commercial or community Internet access should be considered.

What do I need to get connected?

The Internet is a loose network of networks, and each network contains a number of individual computers. Each computer on a network is usually bigger than your desktop microcomputer, with larger storage capacity for files, software and data. You have to get connected to one of these "host" computers to be able to do anything.

"Getting connected" means getting an account on a local host computer. An account provides access to a variety of applications, including electronic mail, remote connections to other Internet sites, and the ability to search for information and download it from a remote site to your own account. Other goodies may also be available through your account service provider.

You'll also need a means to connect to that Internet computer, usually a microcomputer and a modem, plus some communication software. For modems, the higher the speed, the faster the information will scroll across your screen.

Types of Internet Service(6)

There are various grades of service on the Internet. An individual with limited financial resources may require only a single account. To do that, you contract with a service provider, who gives you a username, password, and a local or 800 phone number which your modem dials to make a connection to the provider's Internet computer. Your account is one of many hundreds or even thousands on that computer. You compete with others for access to the dial-up line. For a somewhat higher fee, many providers can supply a SLIP/PPP connection (Serial Line Internet Protocol/Point to Point Protocol), which allows you to make a high speed connection over regular phone lines and allows your microcomputer to pretend it is actually an Internet computer. If you can afford it, consider getting a SLIP or PPP.

Large institutions or corporations may want to consider dedicated network access. The service provider will lease you a dedicated telephone line, usually at a high speed. Additional equipment will be installed at your site which will route communications to a remote server. This kind of service is much more expensive than a single line, but once established, provides considerable flexibility at enhanced speeds to an unlimited number of users at your site.

What kind of services do I need?

Depending on the provider, accounts come with any number of features. A bare-bones account may provide e-mail access only, with some access to locally mounted files on the Internet provider's computer.

These bare-bones accounts are usually cheapest to buy, but really are not good enough. Most providers can also provide access to a number of other applications, all important in library work:

TELNET: *a set of commands allowing remote login to other computers on the Internet (good for searching library catalogues at other locations, especially NLM)*

FTP: *file transfer protocol, a set of commands allowing downloading of public files available at other Internet computers*

GOPHER: *a software package allowing browseable access to several thousand Internet sites*

WWW: *World Wide Web, a software package allowing hypertext-based searching of Internet resources*

MAILING LISTS: *thousands of topical subscription lists*

NEWSGROUPS: *available to any account holder on the Internet. Subscribing to these groups allow participants to read all communications addressed to the list.*

How do I choose a service provider?

Very carefully. Most have not been around long.

Service providers fall into two general it is groups — community based or commercial (for-profit) suppliers.

Community Access: Freenets and Community Information Systems

A number of Canadian and American cities have started community Internet information services. Known variously as **freenets** or **CWIS** (community-wide information services), these services provide dial-up bulletin board access to local information and are available to anyone in the regions they serve. Most freenets also provide individual accounts to customers, at relatively low (or no) cost. There are only a handful of freenets in Canada but interest is growing. Ottawa and Victoria's are the two best-known: Toronto's is expected soon.

A freenet may be a good choice for librarians seeking basic no-frills Internet service, providing that it gives access to most of the functions listed above. Local public libraries are good sources of information on freenets and CWIS's: check with a colleague to see if your city has one or is planning one.

Commercial Access: Private Fee-based Services

Commercial services are popping up everywhere to meet the demand for Internet accounts from individuals and corporations. Relatively new on the business scene, they vary considerably in cost, access to tools, and customer service support.

New Internet users often have the most trouble getting information from suppliers in a form they can understand. Many suppliers forget (or do not care to remember) that new subscribers do not know what acronyms like SLIP, POP, FTP, IP, or WWW mean, and they play fast and loose with jargon. When you contact a supplier, ask to receive printed information on their services and price structures. If necessary, get help reading what you receive from a friend or colleague who is Internet-literate.

What is it going to cost?

It depends on the kind of service you select. At this writing, a national supplier was charging $300 per month for a dedicated line with fast access by an unlimited number of users, and $25 per month for single dial-up use to a maximum of 50 hours per month, with a phone-line-to-customer ratio of 1:15. Freenet access, if it's available in your community, will be cheaper, but a full range of services may not be available. Line-to-customer ratios on freenets can be high, which may be a real problem if you do most of your networking during peak daytime hours.

An important consideration in choosing any supplier will be the impact on your telephone bill. You want to try to minimize the cost to reach the service supplier, and avoid long-distance charges if at all possible. Some suppliers will provide you with 800 numbers that you can dial without additional charges. Others will provide local dialup lines for your community, called points of presence, or POPs.

How do I find Canadian service providers?

Both the *Canadian Internet Handbook*(7) and the *Whole Internet Users Guide and Catalog*(8) provide lists of commercial suppliers that serve Canadian locations. Because the Internet service industry is expanding so rapidly, neither of these sources is comprehensive.

Ask a colleague with an Internet account to obtain a file called PDIAL, which attempts to catalogue all service suppliers, including Canadian ones. PDIAL also provides brief pricing information and contact names and phone numbers for further information. Of all the resources on Internet services, PDIAL is the most comprehensive, but it's only available via the Internet. Give these instructions to your colleague:

OK I've got my account: now what?

To get PDIAL: Send a mail message to info-deli-server@netcom.com

Leave subject blank, the body of the message text should include the following words, and nothing else: **send PDIAL**

The server at the Internet site netcom.com will send the latest edition of the PDIAL list (about 40 pages) to your colleague's e-mail address. Turnaround time is anywhere from a few minutes to 24 hours. Ask them to print a copy of the document and give it to you.

Get training as soon as possible to help you get started on basic applications. Even if you like to use manuals, good training can help you become competent faster. Your Internet service supplier may offer training to new users: sometimes it is good, more often it is not. Many community colleges, universities, and library schools offer Internet beginners programs as part of their Continuing Studies calendar. Some libraries offer introductory training to students and faculty, but may be willing to accommodate an interested colleague as a professional courtesy. In major centres, Internet trainers can be hired privately: if you have a group of several staff members who need training, this may be a cost-effective option. Those who teach courses at colleges and universities are often willing to consider private training on a consulting basis. Ask around.

Look for training offered in a hands-on environment, where you have your own terminal for the duration of the session. Hands-on training is often more costly because fewer learners can be accommodated in a single session, but it is worth it. A typical

beginners class takes a full day and covers the basics of electronic mail, listservs, newsgroups, ftp, gopher, and maybe an introduction to World Wide Web or Mosaic, a Windows-based client which provides hypertext access to text, sound, and images on the network. Expect to put in another 20 hours of practice following the class to become reasonably comfortable.

How do I find a trainer?

Finding a good trainer is not always easy. Internet trainers are in demand these days and many network mavens, though talented net-nauts, make awful teachers(9). Again, ask around. Before you pay for a course, try to find out something about the instructor. Ask if you can contact a participant who has taken the course before, or maybe you can see a sample of course evaluations. In training, as in all other Internet transactions where money is involved, *caveat (net)emptor.*

Get one good reference book to put beside your computer. I particularly like the **Whole Internet User's Guide and Catalog**(6) as a reference manual, as Ed Krol offers both readable text and sensible advice.

Some final thoughts

The Internet is growing rapidly and changing all the time. Fortunately, once you get the hang of using it, learning new things becomes easier. Numerous tools are available on the network to help you at all stages of ability. Once you get going, networking becomes rewarding, addictive and fun. Yesterday I played Hangman on World Wide Web during lunch, and learned a lot about competitive dog obedience training from a list I subscribe to called **obed-l**(10). Remember, it is not all work, and there is something on the network for everyone. So, what are you waiting for?

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Footnotes

1. Lee Hancock's **Internet/Bitnet Health Science Resources** is a model of network subject guides. Revised several times each year, it is available through a telnet connection to **ukanzix.cc.ukans.edu**, login as "kufacts". Look under **Internet Toolbox**, then select **Internet Health Science Resources.**
2. Both are accessed via gopher to **gopher.nlm.hih.gov** (National Library of Medicine) and **gopher.nih.gov** (National Institutes of Health).
3. **Bitnet/Listserv lists** section of Lee Hancock's list noted above.
4. For **CARL Uncover**, telnet to **database.carl.org**, no login required. Numerous medical journals are covered and new issues are indexed promptly. Table of contents pages for each issue provide a nice (and free) alternative to **Current Contents.**
5. Telnet to **medlars.nlm.nih.gov**, then follow regular procedures for login using your MEDLARS password. You'll want to create a telnet log of your MEDLARS session so you can edit, download, or print it later.
6. A more detailed explanation of service options can be found in: Krol E. The Whole Internet User's Guide and Catalog 2nd ed. O'Reilly, 1994:457-466 or Susan Estrad S. Connecting to the Internet: a Buyer's Guide. Sebastopol, Ca: O'Reilly, 1993.
7. Carroll J, Broadhead R. Canadian Internet Handbook. Toronto: Prentice-Hall, 1994.
8. Krol (1994) as cited above (6).
9. If you are thinking about becoming an Internet trainer, read Roy Tennant (1994) "Tips and Techniques for Internet Trainers," Bulletin of the American Society for Information Science 20(3):22-24.
10. To subscribe, send a message to **listserver@reepicheep.gcn.uoknor.edu** with the text **subscribe obed-l**. Very closely monitored by its "owner", the list is targeted at professional and advance amateur dog trainers. OBED-L is a model of what a good list should be, but what too few are: high on informed discussion, low on annoyances such as repetitive postings, personal "chat" or postings unrelated to the topic.

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Virtual Libraries: The Convergence of Technologies and Partnerships

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Introduction

Good Afternoon. In my presentation today I will provide you with definitions and descriptions of the information highway and the virtual library, put them in a Canadian context and environment, and project the changes they will bring to library services. We will look at a description of an actual virtual reference service, and outline some strategies that I believe Health Librarians should pursue if they are going to position themselves successfully for a role on the information highway.

The information highway debate is very confusing and complex. The virtual library is still under development so no one knows just what it will look like. I do not think anyone totally understands these two concepts because they are so new but both will have a major impact on all of us, and they will totally change the nature of library service as we know it.

If you are not a bit worried or confused then you have not been paying attention.

Definition - Information Highway.

The concept of the information highway has caught the public imagination. The media and cartoonists have had a lot of fun with it. The information highway can be described in the following ways:

- *It is a result of the convergence of computing and communications technology, as applied in telephony, cable-tv, and the Internet.*
- *It will become a basic element of Canada's infrastructure, along with roads, rails, waterworks, telephone service etc.*
- *An integrated, seamless, high-speed, network of telephone, cable television, and wireless communication systems.*
- *It will be composed of high bandwidth, open architecture incorporating distributed, interactive switching.*
- *Interactive or bi-directional voice, data, text, graphic and video communication will travel on the highway.*
- *It will be a "Network of Networks" owned and operated by different service providers and content sources.*
- *"Interactivity" is the most revolutionary aspect of the information highway.*
- *It will be universally accessible within the community and its services will span the globe.*
- *It does not yet exist.*

The Internet.

What functions primarily now as the Information Highway is the Internet. The Internet is a world-wide network of networks that are connected to each other by the IP protocol. IP stands for Internet Protocol and it simply allows a packet of digitalized information to travel from network to network until it reaches the computer it is looking for. The Internet enables you to transfer electronic files between two computers no matter what the distance. You can send electronic mail globally, and you can sign up for news services and discussion groups.

In Canada, our part of the Internet is called CA*net. CA*net is a network of provincial networks. CA*net provides linkages to NSFnet, which are the Canadian linkages to the American parts of the Internet and from there we can go global. It is important to note that the Canadian backbone is essentially reliant on the American NSFnet.

Canada's contribution to the Internet is being coordinated by CANARIE. CANARIE stands for the Canadian Network for the Advancement of Research, Industry and Education. CANARIE is the federal government effort, heavily supported and influenced by large corporations, to bring CA*net up to minimal broadband speeds, that is, set it up as a true information highway. CANARIE has a budget of $26 million which is very small by information highway standards.

CANARIE has funded almost 50 projects which support the development of information highway-related products, applications and services. One of these is the Synapse Project sponsored by Synapse Publishing and the Alberta Research Council. Its main purpose is to develop a software system and library of reference material to be utilized by the medical community to access medical information. Another is for a remote medical diagnosis system with a wide range of partners lead by Gecko Electronique Inc. of Quebec. I would strongly suggest that you pay close attention to these projects.

Corporate Canada and the Information Highway

The information infrastructure proper is being built by private industry, such as Bell Canada (Stentor) and Rogers Cablevision, with support from the Federal Government and to a lesser extent the provincial governments. Municipal governments are just beginning to grasp the importance of the information highway and some are scrambling to get on board.

There are two corporate groups to watch. The first are the telephone companies. Stentor announced a few months ago that they will spend about $8 billion through the Beacon Initiative on developing the information highway. They will invest in fibre-optic and ATM switch deployment on the national backbone and in broadband access to 80% of Canadian households through a combination of fibre to the community and cable to the home. I believe that they will also get into the production of content for the information highway. Beacon includes the creation of MMI, a new multimedia services and applications company.

The cable TV industry is the other major player jockeying for position on the information highway. Ken Stein, President of the Canadian Cable Television Association has said: "I believe the cable industry can be the leading force in meeting Canadians entertainment and information needs". That is what is behind the takeover of Maclean-Hunter by Rogers for over $3 billion and the recently announced joint venture between Rogers and Microsoft. Cable is planning to provide 300 to 500 channels through digital video compression.

The message so far is that the information highway is still a concept. What we have now is the Internet and a lot of local,

provincial and national networks, and Freenets and community bulletin boards. These are not easy to use and are not easily or universally accessible (4% of households have modems).

It also looks like we may have more than one information highway. One may be of the Internet/CANARIE variety linking universities, hospitals, research centres, schools, libraries and will be accessible from the home or workplace. The other will be the info-tainment version, and the struggle to build it is being fought between the telephone industries and the cable TV industry. If things remain unchanged they may also provide two highways, so that makes a total of three.

Corporate Canada wants in on the info-tainment market and is willing to invest a lot of money to gain access to these markets. Governments are not able to become major players because of their very high deficits. Where does that leave publicly funded libraries, whether public, school, university or medical? Let's try to answer that question, first by looking at what the public wants.

What does the Public need and want?

There are very few studies that actually analyze what the public wants or expects from the information highway. The few that have been done are instructive. MCI Telecommunications Corporation in the United States asked consumers what they want from the information highway. More than three-fourths said they want access to libraries and educational programs that allow them to take courses via phone lines, computers and television sets.

Anderson Consulting of Canada recently conducted a national survey to determine "what Canadians think about the information highway". When the survey participants were asked what they would like to access they provided the following ranking for a given set of services:

- educational services, particularly home study courses
- banking and bill paying
- movies on demand
- ticket purchases
- home shopping
- video games on demand

I believe that in both studies what the public is saying is that no, they do not want a 500 channel universe based on the old TV Broadcast model. What they do want is a virtual library or information on demand.

Definition - Virtual Library

A virtual library, (also known as the electronic library, the networked library, the scholar's workstation, or library without walls) involves the concept of information being housed electronically and deliverable without regard to its location or to time(8). The virtual library is not based on the same concept as virtual reality because the library equivalent would be the virtual reality library which would be a simulated library. The virtual library is defined by the following concepts:

- It is accessed remotely by users via a desk computer, through a network;
- The virtual library includes the contents and services of libraries and other information services;
- It includes on-site collections of current and heavily used materials in both print and electronic forms;
- It provides network/digital access to, and delivery from, external worldwide library and commercial information and knowledge sources.

The virtual library will evolve into a knowledge management system that will utilize expert or intelligent systems to locate the right information.

The virtual library is dependent on the three concepts of partnerships, technology and entrepreneurship. It is based on excellent electronic networks that enable a synergy between many libraries and information services. It delivers services to users by coordinating the contributions of different libraries and information providers through partnership and/or outsourcing agreements between service providers. It may include outsourcing for specialized services and support, such as technology partnerships. It can consist of inter-institutional cooperative projects.

The virtual library depends on increased and alternative sources of funding. Most current library funding levels are based on a Gutenburgian universe and are not sufficient to support a virtual library environment. Virtual libraries will be based on fee for service or product, or service for service arrangements.

The relationships of the author to the publisher to the library is a very problematic one in the virtual library and are yet to be defined. Once information is digitalized does the library physically acquire the bits that make up a journal or book? Does the library ensure access to the bits no matter where they are located? How does the library pay for these bits? The Internet and the information highway will provide the technical infrastructure to support the virtual library.

Why is the Virtual Library Inevitable?

1. **Increased public need and expectations**

   The two studies referred to earlier suggest that the public wants access to the right information at the right time. The automation of a lot of day to day services (eg. automatic tellers) is increasing the expectations of library users. The public wants to have the virtual library. Corporations want in on the information market. Librarians must ensure that universal access to information is maintained and therefore must be leaders in developing the information highway.

2. **Enabling technologies(2)**

   A wide range of technological developments are advancing the development of the virtual library faster than any of us anticipated. Technological developments are making enhanced on-line information services a reality. Enabled by a technological infrastructure, such as the Internet, high speed allows for the transmission of large digitalized files. Standards and protocols facilitate computer to computer and database to database linkages. Automatic digitalizing devices such as scanners and telefacsimile machines enable the transmission of the contents of a volume in real-time (electronic document delivery). Electronic publishing means that more and more information will be published primarily in electronic form and delivered to the user on demand.

3. **Cost of materials**

   All public institutions have gone through a period of shrinking revenues and operating budgets. Now more than ever no one library can any longer build a comprehensive collection. The cost of some library materials is becoming prohibitive. This has always been true with smaller public and special libraries where inter-library loan has been used to enhance the collection. However, ILLs has always been too slow

and delivery is unreliable. Customers would usually prefer the material now. The virtual library presents an opportunity to fill customer needs, in spite of shrinking resources.

4. **The elimination of the impact of distance or geography**

The virtual library will eliminate the impact of distance, and to some extent ownership, on the availability of material. Resources will be available regardless of their location. This includes both resources in Canada and globally. Resources will be available immediately with no lengthy waiting period.

5. **Information proliferation**

The continuing exponential increase in the amount of information available requires rapid, effective analysis of the informational content of a document and a quick, if not instant, method of delivery. The ultimate virtual library will deliver documents instantly.

The virtual library will be a redefined library

The transition to the virtual library will redefine library governance and organization, transform several library functions, introduce new functions, and require different funding systems and measures of performance.

1. **New organizational structures**

The virtual library is dependent on new governance and organizational structures and on new reporting relationships(9). These structures will have:

- increased flexibility,
- allow for increased innovation

and will be more:

- responsive to change,
- and entrepreneurial.

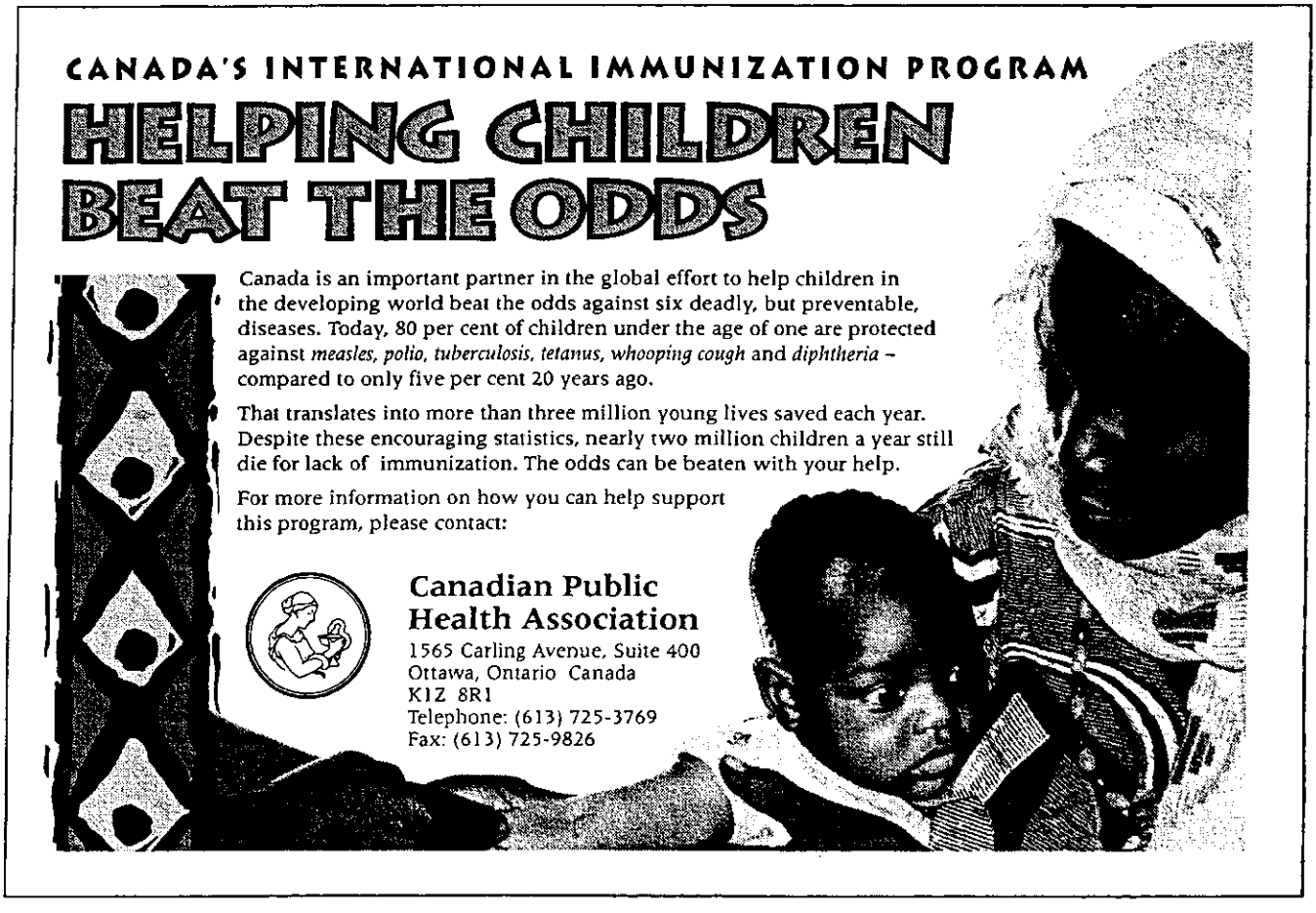
The networked organization, which should parallel a networked service is flatter and less centralized. Leadership and expertise will reside at all levels. More staff will be involved in the decision-making and consultation process. Empowered, self-managed teams will become more common.

Support staff will have to work more with technology-based systems. Librarians will work on developing the new systems and services of the virtual library, including gateways, user interfaces, search and retrieval systems, network navigational tools, and document delivery systems.

E-mail is essential to maintain adequate communication within the new organizational structure. E-mail is the glue which will hold the networked organization together. E-mail will be used for administrative functions, staff communications and external activities, including reference, circulation, and acquisitions and document delivery.

2. **Redefined library functions (10)**

The virtual library will lead to the redefinition of existing task structures:


CANADA'S INTERNATIONAL IMMUNIZATION PROGRAM
HELPING CHILDREN BEAT THE ODDS
Canada is an important partner in the global effort to help children in the developing world beat the odds against six deadly, but preventable, diseases. Today, 80 per cent of children under the age of one are protected against measles, polio, tuberculosis, tetanus, whooping cough and diphtheria – compared to only five per cent 20 years ago.
That translates into more than three million young lives saved each year. Despite these encouraging statistics, nearly two million children a year still die for lack of immunization. The odds can be beaten with your help.
For more information on how you can help support this program, please contact:
Canadian Public Health Association
1565 Carling Avenue, Suite 400
Ottawa, Ontario Canada
K1Z 8R1
Telephone: (613) 725-3769
Fax: (613) 725-9826

i. **Collection Management.**
- Collection funds will more and more be used to pay for access and information delivery.
- A shift in emphasis to information organization and packaging.
- Staff will be transferred from acquisitions to inter-library loan and document delivery.
- Coordinated collection development will become a more viable and necessary library requirement.
- Electronic collections, starting with reserved items, of journal articles and books in digitalized form will be made available through local LANs.

ii. **Electronic reference**
- The reference collection and service will be the first to be digitalized and offered as a virtual service.

iii. **Acquisitions**
- Acquisition of electronic formats will be routine.
- Electronic transmission of orders and payments will be required.
- Received materials will be scanned to record receipt and may be scanned entirely if received in a paper print format.

iv. **Library Catalogs**
- Catalogs will become a knowledge base.
- Intelligent retrieval systems will provide true user friendly interfaces. Navigational and search aids called knowbots will carry out search assignments for the person who formulates the query. The knowbot will "know" the query forms and log-in menus for the various databases it can search.
- OPACs/catalogs will provide access to citation files of many kinds and to virtual stacks containing full-text and digital images. An enhanced classification system will allow users to browse through shelf ranges, pick items from shelves, and open them to scan the contents.

v. **Enhanced Document Delivery**
Delivery in a library consists of two forms. One is the delivery of materials and information to the library from the vendor or publisher and the second is from the library to the user. Both forms of delivery will make greater use of:
- Courier services
- Fax
- Electronic Mail
- Electronic file transfer
- Publishing on demand

vi. **Resource Sharing**
- Province-wide, or community of interest-wide (as in the case of health libraries), catalogs and circulation systems will allow for greater integration of collections which will enable users to borrow directly from other libraries, thus reducing the high costs of labour-intensive, mediated inter-library loan.

vii. **Technical services and public services**
- These services will converge into one unit.

viii. **Libraries and computing centres**
The big risk factor for librarians is that libraries may be merged or sub-merged by the computing centres in larger institutions.

3. **New Library Functions**

Training users in the use of the Information Highway and the Virtual Library will become a regular library feature. This function is predicated on the assumption that the library staff themselves are trained. It also requires training in instructional programs and technology, such as,
- Computer literacy
- Information literacy
- Network literacy
- Internet literacy

The need for health and medical practitioners to learn about information technology is very great. This offers an opportunity for health librarians to act as teachers and guides to the information highway.

4. **Funding and Budgeting Issues**

The virtual library will require greater financial resources than libraries have had to this point. There are four major categories of expenditures:
- Substantial and recurring capital investments in hardware
- Costs associated with software
- Increased operating costs
- Salary costs for a more skilled and diversified work force

These costs will be covered by traditional budgets and grants, but alternative sources of funding will also be required. These sources could include:
- Fees for value-added services, such as literature searches
- Fees for accessing on-line indexes
- Fees for faxing and electronic transfer for document delivery
- Reallocation of resources
- Costs will be shared through the partnership agreements

5. **New Measures of Performance**

The virtual library will be measured in terms of access rather than ownership. Access may be measured by:
- ease of use
- downtime
- response time of the network
- turnaround time for document delivery

A working example "The CNIB Information Resource Centre" — A virtual reference library

Later this month the Information Resource Centre at the Canadian National Institute for the Blind will be officially opened. This library will ensure that blind, deaf-blind and visually impaired Canadians have equitable access to reference and information services. This is now possible because of the digitalization of information. With regular print, blind people could have access to a very limited information base. There were some talking and braille books, but the vast array of the record of human knowledge was not available. Until recently there was one early version of Encyclopedia Britannica available in braille and it was so large that it took a room to house it all. That has now changed. Synthetic speech, computerized braillers, and digitalized information products have made a huge difference. Almost

everything in print can be made available in reasonable time at reasonable cost.

The Information Resource Centre will not take up much room. It consists of a few terminals, a speech synthesizer and a computerized brailler. The centre does own some CD-ROM products and does subscribe to a few services such as OCLC's FirstSearch. However, the core of its services consists of connections to the North York Public Library, the Business Information Centre, and the Robarts Library at the University of Toronto. The CNIB has negotiated contracts for reference and information services from these libraries. The sources used will either be on-line services or CD-ROM products. Questions and responses will be transferred via the Internet from the CNIB Library to the contracting libraries and back again. Patrons of the CNIB Library can submit their questions electronically, through the mail or over the phone and receive information responses in the same way. The service depends on information technology, digitalization, the information highway and negotiated partnerships between information providers. It is an early prototype of the virtual library.

Risks to librarians

We are now witnessing the early stages of development of the information highway and the virtual or electronic library. I think that they will come sooner than expected. Moore's Law will guarantee it (4). Moore's law states that:

> Computer speeds and density double every 18 months at similar costs.

This law has held for this century. There have been 32 doublings of performance since the 1940's. Within 20 years I believe that the information highway and the virtual library will be fully available to all of us. If this proves true, it is possible that libraries and librarians as we know them will be virtually gone(3). There is a revolution going on in the information world. The revolution will have a transformational effect on libraries if we survive it at all.

Strategies for librarians in the information age

The revolution involves struggles between differing technologies and delivery systems, public and user-pay funding strategies, government vs. corporate control, but most importantly it involves a philosophical struggle between differing concepts of information. Is information a commodity or a public right or good? I happen to believe that it is both, but that it is up to librarians to ensure that the access to information as a public good is maintained. In order to ensure that librarians continue to defend the right to universal access to information and for a position of consequence on the information highway we have to adopt a multi-pronged strategy.

Librarians must become the public champions of the transformation to the information highway, or as it was recently stated in *This Magazine*, we must become "Cyberspace Heroes". There are three ways in which we can become champions on the information highway or to be a little more crass, ensure our survival in the information age. To be viewed as champions, librarians must pursue three leadership strategies. These are:

- *Provide leadership in the public policy debate on information principles and strategies that will guide the development of the information highway.*
- *Provide community leadership in preparing our organizations, institutions and users for the information age.*
- *Provide leadership in information navigating, gathering, organizing, packaging and delivering.*

These three leadership strategies can be further defined as follows.

1. Public policy champions

As small units within larger organizations with large hierarchies, it is sometimes very difficult to have an impact on the policy direction of the institution. The best way, aside from taking a very active role from within, is to work through your associations. I would recommend that you work through the Canadian Health Libraries Association, its chapters and related organizations in becoming public policy champions in the health information area.

Here are some ways in which you can become public policy champions.

- Initiate a strategic planning process aimed at defining a vision of universal access to the information highway through a virtual library in the health library context and within your parent organization or regional structure. The mission and the goals of the plan must include providing access to networked information from a single workstation and must lead to greater integration between all health libraries, at least on a regional basis.
- Aggressively market the new vision and the electronic information and networking role of your library.
- Monitor the developments of projects to make sure they are being guided by the right access principles.
- Join the Coalition for Public Information. The Coalition is a national coalition initiated by the Ontario Library Association, of organizations, public interest groups, and individuals, whose goal is to foster broad access to affordable, useable information and communication services and technology.

2. Community leadership / Institutional readiness

To become community leaders I would suggest the following:

- Become a champion of the virtual library. There is a need for a health libraries network. Perhaps a health libraries CD-ROM union catalog. Automated health library catalogs should be included on university and public library OPAC's. The Alberta Health Knowledge Network is a good example of a leadership initiative. I hope that the idea came from a librarian's fertile mind.
- Be a leader in developing your communities information and networking systems. Develop a medical guide to the Internet.
- Play a part in any local FreeNet initiatives.
- Position your library to become the information hub in your community.
- Form partnerships in your community with the computer and information people. These include: computer hackers, students, newspaper people, broadcasters, computer vendors, administrators and planners, and those developing the information infrastructure in your organization, association or municipality.
- Start to think entrepreneurially. Entrepreneurship must become part of the library culture. The virtual library is tied directly to the issue of alterna-

is tied directly to the issue of alternative sources of revenue and fees for service.

- Consider systematic abandonment. Decide what traditional services can be eliminated or cutback to help finance the move to the virtual library. Preserve the "best of the past" while pursuing the opportunities of the future.
- Increase commitment to your personal development and staff development, re-training, and professional education, especially in new technologies (computers and networking), governance, organizational structures and entrepreneurship.
- Integrate these new skills and attitudes into the culture of the organization.

3. **Information Navigators**

Librarians are going through a process of transformation. We will go from being collection builders and controllers to information navigators. To become a navigator initiate the following:

- Organize digital information through indexing and classification systems.
- Develop the search tools for information retrieval.
- Develop information processing and interconnectivity standards.
- Become information/knowledge managers involved in the production as well as the distribution of information. Develop knowledge-based tools.
- Initiate user training programs in the use of information technologies, the information highway and the virtual library. Too many have the need to know and lack the opportunities to learn.

The Virtual Health Library can and should become a reality. I hope that I have given you some useful directions in how you can make it so. You have the means, you have to find the political will to make it happen. You simply have to become cyberspace heroes. ■

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Book Reviews

The Complete Canadian Health Guide by June Engel
Toronto: Key Porter Books, 1993. 557 p. $29.95 Cdn. ISBN: 1-55013-474-4

The Complete Canadian Health Guide (**CCHG**) is a practical and easy-to-use guide for consumers that draws on and expands the accumulated material from ten years of *Health News*, the University of Toronto's award-winning newsletter. "The book aims to give people a concise, readable source of health information, and to arm them with the practical knowledge needed to sort through the mass of conflicting health pronouncements, and to make sensible, informed health care decisions."

Unlike an encyclopedic listing of conditions and procedures, **CCHG** focuses on health promotion and disease prevention, encouraging a collaboration between consumers and health care providers. In addition to information on a range of medical conditions, there are chapters dealing with specific health care concerns of women, men, children and the aged; environmental health hazards; preventive strategies to cultivate a healthier lifestyle; and communication with health care providers. There is also an appendix on sensible use of medications with a guide to commonly used nonprescription medications.

CCHG rates highly in terms of providing reliable and up-to-date health information - each section was checked by relevant medical specialists from the University of Toronto and elsewhere. For controversial topics where there is disagreement among health care providers, such as estrogen replacement therapy (ERT), **CCHG** ably presents both sides of the ERT debate to assist women in making this difficult decision.

CCHG is attractively designed with helpful illustrations and sidebars to highlight important factual information, such as "risk factors for osteoporosis". Particularly welcome are Canadian sources for additional information, such as travel health clinics, and specialized organizations such as Freedom from Fear Foundation and Divers Alert Network. One drawback is that none of these organizations are listed in the index, nor is there a separate listing of health organizations.

This book is highly recommended to librarians providing health information to consumers or those involved in health promotion. **CCHG** can also be suggested to consumers/patients as a handy volume for home use.

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Canadian Internet Handbook 1994 Edition by Jim Carroll and Rick Broadhead
Scarborough: Prentice-Hall Canada. 1994. 415 p. $16.95 Cdn. ISBN: 0-13-304395-9

I like garage sales and I like the Internet. The two are not that dissimilar, both having a lot of junk along with the occasional worthwhile find. To minimize effort and maximize returns, use of maps and listings is most worthwhile in each endeavour.

There are a number of guides to the Internet available. The local Smith's outlet has three shelves of Internet books. Some are How To, some are directories, some for Macs, most for Pc's. The explosive development of the Internet and its unique impact on our society has been compared to the development of the printing press, the telephone and television combined. Everybody talks about it but despite the hype relatively few people have learned to easily find what they want or need on the system.

Jim Carroll and Rick Broadhead's **Canadian Internet Handbook** is a reasonable choice in offering help in how the Internet functions in Canada. The first edition is the number one selling non-fiction paperback in Canada. Communication with Jim Carroll indicates that a second edition of the book is scheduled to appear Nov. 1, 1994.

The book is divided into two roughly equal parts. The first half covers the history of the Net in Canada and fundamentals of Internet use. The second half offers directories of Canadian service providers, the networking organizations, gophers and campus information services.

I found the first half of the book to be slow going, with a lot of background information that is somewhat interesting but not essential to my use of the system. The second chapter, a list of success stories (or how we did Internet good!) could easily be skipped. The information on mailing lists and knowledge retrieval via gopher, archie, wais etc. was of greater value. Some sample sessions were included and were generally straight forward and easy to follow.

The directory section of the book is its real strength. The extensive listing regarding Internet servers includes rates charged as well as services provided, thus allowing armchair comparison of both price and technical services for those who must purchase services from the commercial sector.

There is also a list of Canadian gophers and opacs. Each includes a brief note as to coverage and user limitations, if any. Instructions and technical specs are again included where appropriate. Again this may be useful to those who pay commercial rate for their connect time. Time spent exploring can become expensive.

The range of the directory entries are broad and obviously aimed at a very general audience. Coverage ranges from how to access the Blue Jays team email to information on craft councils and data on earthquakes in Canada. Few health or medically related resources are noted. Jerry Glowniak's article "Computer Networks as a medical resource" JAMA, 271 (24), 1934-39 1994 covers much of this information.

Considered overall, this is a very reasonable book for the general Internet user or for someone wishing to get an overview of the Canadian scene.

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CHLA/ABSC Information Update on DOCLINE for Canadian Libraries Revised: July 7, 1994

Introduction

This information update has been compiled by the CHLA/ABSC Board to provide information about **DOCLINE** to CHLA/ABSC members. More detailed discussions of the **DOCLINE** system are indicated in the bibliography at the end of this information sheet. Members interested in joining the **DOCLINE** system are strongly encouraged to read this sheet carefully, review the articles listed in the bibliography and contact one or more of the contact people listed below when considering joining **DOCLINE**. While every effort has been made to ensure that the information presented is as accurate as possible, readers should verify the information for themselves.

What Is DOCLINE?

DOCLINE* is the automated inter-library loan system of the US National Library of Medicine (NLM). Using serials holdings information contained in the NLM **SERHOLD** database inter-library loan requests are automatically routed to participating **DOCLINE** libraries according to a routing table created when a library joins the system. **DOCLINE** libraries can also direct requests to specific libraries and accept requests from the **Loansome Doc** module of the **Grateful Med** software system.

Introduced in the United States in 1985, the **DOCLINE** system first became available in Canada on a trial basis in Western Canada in 1993. After completion of the initial trial project, NLM agreed that any Canadian library could participate in **DOCLINE** on condition that:

a. the Canada Institute For Scientific and Technical Information (CISTI) act as a **DOCLINE** and **SERHOLD** coordinator for Canada in a similar manner to their role as Canadian coordinator for **MEDLARS** access;

b. all Canadian use of **DOCLINE** be conducted via the INTERNET.

The NLM has also agreed to permit the Regional Centre of the National Network of Libraries of Medicine (NN/LM) located in Seattle, Washington to act as an additional service provider for entering Canadian serials holdings data into the SERHOLD system until April, 1996.

DOCLINE has proven to be a powerful, capable and efficient albeit somewhat complex system for processing ILL requests and encouraging resource sharing and cooperation. For more information on the applicability of **DOCLINE** in Canada, see the articles by Henderson (1,2). For an analysis of the effect of DOCLINE on resource sharing see the article by McGough (3).

Currently there are a number of hospital libraries in British Columbia using **DOCLINE** and another group of Alberta libraries is due to participate shortly. Many of the Canadian medical school libraries have committed to joining **DOCLINE** by January, 1995. There is considerable interest in expanding Canadian access to the system.

Evaluating DOCLINE For Possible Implementation

Canadian libraries considering joining the **DOCLINE** system must assess the advantages of doing so. **DOCLINE** is a very efficient system for facilitating inter-library loans. Careful planning for introduction of the system is needed in order to avoid problems which may develop. The following factors should be considered:

- *Using* **DOCLINE** *will cause shifts in ILL patterns and volume. While most libraries find the volume increased and the overall workload decreased, some object to the shift. To participate in* **DOCLINE** *you must be willing to share your library resources. This may not be acceptable to all libraries.*
- **DOCLINE** *is just one tool which may be useful for improving inter-library loan and document delivery service for your library. You need to assess your overall ILL needs and assess how* **DOCLINE** *would fit in with other options available to assist in improving document delivery services to meet the needs of your library's users.* **DOCLINE** *is limited to health science materials, albeit in the broadest possible definition. Starr provides an excellent overview of some of the available options for document delivery.(4)*
- *At present, use of the* **DOCLINE** *system is free although there are some charges involved with registration and submission of data.*
- *There is no Canadian equivalent to the infrastructure provided by the NLM sponsored National Network of Libraries of Medicine (NN/LM). Canadian libraries will be expected to contribute both staff time and money towards* **DOCLINE** *arrangements. CISTI has agreed to coordinate* **DOCLINE**, *but is forced to do so on a full cost recovery basis.*
- *Libraries which join* **DOCLINE** *should continue to report their serial holdings to Canadian national union list efforts such as the Union List of Scientific Serials in Canadian Libraries. CHLA/ABSC encourages Canadian libraries to report serials holdings data to both CISTI and to* **DOCLINE**.
- *Resource sharing is greatly enhanced if regional cooperative arrangements exist to facilitate it. CHLA/ABSC is working with CHLA/ABSC chapters, CISTI and the Special Resource Committee On Medical School Libraries of the Association of Canadian Medical Colleges to encourage the development of such regional cooperative arrangements. Such arrangements not only make resource sharing simpler but they also facilitate sharing of expertise and mutual planning to deal with increasingly complex issues related to resource sharing.*
- *Canadian users of* **DOCLINE** *must have INTERNET access.* **DOCLINE** *may be viewed as another reason to acquire such access. However, while the number of avenues of access to the INTERNET continues to increase, the quality and availability of access may be barriers precluding* **DOCLINE** *access until more choices are available.*

How Does My Library Join DOCLINE?

If you decide to join **DOCLINE** the following is a checklist of actions to be taken:

1. Gather information. Check with your local CHLA/ABSC chapter, hospital library network or nearest medical school library to see if there are other libraries in your region interested in joining **DOCLINE** as well. **DOCLINE** will be much easier to implement and more effective in the long run if you

participate as part of a regional group. Also contact one or more of the sources of information listed below to find out about the various procedures and requirements for joining **DOCLINE**. There are quite specific requirements, particularly for reporting of your serials holdings data, that must be met before you may use the system.

2. Arrange for registration in the **DOCLINE** system through CISTI. You are not committed to use **DOCLINE** if you take this step.
3. Arrange to have your serial holdings data recorded in **SERHOLD**. You are not committed to use **DOCLINE** if you take this step. The current options are:
   - *submit a paper serials list to CISTI*
   - *send a computer file of electronic records (if properly formatted to an acceptable standard) to CISTI for forwarding to NLM*
   - *arrange for CISTI to do online updating of **SERHOLD** records for your library (initially only available to large libraries by special contract)*
   - *send a computer file of electronic records (if properly formatted to an acceptable standard) to the Regional Centre of NN/LM in Seattle, Washington for forwarding to NLM*
   - *arrange for Seattle to do online updating of **SERHOLD** records for your library*

   For most hospital libraries submitting a computer file of records can only be done if you have a contract with a commercial vendor which can supply suitably formatted computer records acceptable to NLM. At least one such commercial vendor, M.A. Ward & Associates, exists in Canada.

   Also note that NLM only accepts tape updates to **SERHOLD** on a semiannual basis. Online updating of **SERHOLD** is just becoming available and will likely become the preferred method of maintaining **SERHOLD** data in the future.
4. Arrange for **reliable** INTERNET access.
5. Contact other libraries to determine where they may be placed in your **DOCLINE** routing table and what agreements can be made.
6. Apply for your **DOCLINE** account. This requires that you submit a completed routing table. Time spent in careful planning of your routing table will pay off later. When you receive your **DOCLINE** ID and password, your account will be active. You will need to check your mailbox daily since any requests not picked up will be rerouted to other libraries.
7. Decide if you are going to use the **DOCLINE** system directly or if you wish to use another computer interface such as QuickDoc(5).
8. Arrange for staff training and ensure that you have incorporated **DOCLINE** into your library procedures.
9. Decide if you are going to offer **Loansome Doc** service. If so, begin to contact users.

Canadian Prices For DOCLINE

The following prices are proposed charges by CISTI and are current as of June, 1994. For current CISTI pricing for **DOCLINE** contact the CISTI **DOCLINE** coordinator. It should be noted that NLM may impose transaction charges for **DOCLINE** use in the future.

One Time Charges*

The TCN "Building Fund" Fee only applies to libraries using the CISTI UNION database to create **SERHOLD** records.

Registration for **DOCLINE**		$ 75
Title Control Number "Building Fund" Fee	1 - 200 titles	200
	200 - 1000 titles	500
	1001 - 5000 titles	1,000
	5000+	2,000
DOCLINE Workshop		50

Annual Charges*

The conversion process fee charged by CISTI is on a per library basis. If a submitted file contains the holdings of more than one library each library must pay the conversion fee.

Administration Fee		$ 25
Conversion Process for reporting records to NLM	UNION records to CISTI **SERHOLD** tape; **or**	125
	Private union list to CISTI **SERHOLD** tape	75
Online updating of **SERHOLD** holdings (by contract only)	$0.35/record with TCN	
	$0.75/record without TCN	

Regional Centre of NN/LM Charges*

1. The Regional Centre of NN/LM can only process serials holding data for entry into **SERHOLD**. You must use CISTI for **DOCLINE** registration.
2. The conversion process fee applies to each file submitted. There is no additional charge if a number of different library holdings are reported in the same file.

Conversion process for reporting records to NLM	
Private union list only	$ 75 US
Online updating of **SERHOLD** holdings	$0.12 US /record with TCN
	$0.15 US /record with ISSN
	$0.25 US /record with title only

Costing Examples

1. To make some sense of these charges let us look at an imaginary example of a small hospital library with two hundred journal titles in its collection (both current and dead subscriptions). Assume that this library will report holdings for **DOCLINE** by reporting its holdings to the CISTI UNION database.

The one time charges would be	Registration	$ 75
	TCN Building Fee for 200 titles	200
	One time charges subtotal	275
Recurring annual charges would be	Annual Administration Fee	$ 25
	Annual record conversion for reporting to NLM **SERHOLD**	125
	Annual charges subtotal	150
Total charges in the first year would be		$ 425
Total ongoing charges on an annual basis would be		150

2. Let us take a second example. Assume that the same 200 serial title library has decided to use a commercial vendor to produce private union list computer serial holdings records for submission to NLM via CISTI. Note that the commercial vendor pricing used in this example is an estimate. Actual costs would have to be negotiated with the

commercial vendor who was contracted to produce the records.

The one time charges would be	Registration	$ 75
	Commercial vendor software setup	25
	One time charges subtotal	100
Recurring annual charges would be	Annual administration fee	$ 25
	CISTI conversion process fee	75
	Commercial vendor software maintenance fee	50
Commercial vendor conversion to SERHOLD	Format fee	40
	Annual charges subtotal	190
Total charges in the first year would be		$ 290
Total ongoing charges on an annual basis would be		$ 190

Who To Contact For More Information

CISTI

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DOCLINE
Electronic Products and Services,
CISTI
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Internet: michelle.slachta@nrc.ca

CHLA/ABSC

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Walter C. Mackenzie Health Sciences Centre
University of Alberta
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Tel: (403)492-7946
Fax: (403)492-6960
Internet: lstarr@library.ualberta.ca

CHLA/ABSC Chapters

Contact your local chapter president for information on chapter members who would be good sources of information

Regional Centre of NN/LM, Seattle, Washington

Nancy Press
Regional Medical Library, HSLIC
University of Washington, SB-55
Seattle, Washington 98195
Tel: (206)543-8262
Fax: (206)543-2469
Internet: pressno@u.washington.edu

Internet discussion list

Subscribe to CANMEDLIB, a new CHLA/ABSC sponsored INTERNET discussion list on topics of interest to Canadian health sciences libraries and librarians. To register for this mail list send the following message to
listserv@morgan.ucs.mun.ca

Subscribe canmedlib Jane Doe
where Jane Doe is your name. If you are successful in subscribing you will receive a confirmation message from the listserv program.

M.A. Ward & Associates

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* *The US National Library of Medicine has registered as trademarks several terms used in this document: DOCLINE, SERHOLD, Grateful Med, Loansome Doc and MEDLARS.*

References

1. Henderson J. Canadian participation in DOCLINE: a pilot. Bibl Med Can 1993;15:7-14.
2. Henderson J. More with less: first impressions of the Canadian DOCLINE pilot. Bibl Med Can 1994;15:183-186.
3. McGaugh DL. The effect of DOCLINE on interlibrary loan volume and patterns among health sciences libraries in Michigan: preliminary analysis. Bull Med Libr Assoc 1990;78:124-30.
4. Starr LK. Document delivery: towards the virtual library. Bibl Med Can 1994;15:187-192.
5. Klein P, Hewison NS. QuickDOC: an interlibrary loan department in a microcomputer. Med Ref Serv Q 1991;10(2):11-32.

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Mise à jour de l'ABSC/CHLA sur l'usage de DOCLINE par les bibliothèques canadiennes date de mise à jour : le 7 juillet 1994

Introduction

Ce bulletin de mise à jour a été préparé par le Conseil d'administration de l'ABSC/CHLA pour informer ses membres au sujet de **DOCLINE**. Une bibliographie figurant à la fin du bulletin indique les ouvrages qui présentent **DOCLINE** de façon plus appronfondie. Nous encourageons fortement les membres intéressés à s'abonner au système **DOCLINE** à lire le présent bulletin, à examiner les articles suggérés dans la bibliographie et à communiquer avec les personnes indiquées ci-dessous avant d'entreprendre toute démarche. Bien que toutes les précautions aient été prises pour veiller à ce que les renseignements soient aussi justes que possible, les personnes intéressées devraient vérifier ces renseignements par elles-mêmes.

DOCLINE, qu'est-ce-que c'est?

DOCLINE* est le système informatisé de prêts entre bibliothèques de la *US National Library of Medicine-NLM* (bibliothèque nationale de santé des États-Unis). Grâce à l'information sur les périodiques disponibles dans la banque de donnée **NLM SERHOLD**, les demandes de prêts entre bibliothèques sont automatiquement acheminées vers les bibliothèques associées à **DOCLINE** par l'intermédiaire d'une table d'acheminenent mise en place chaque fois qu'une bibliothèque se raccorde au système. Les bibliothèques reliées à **DOCLINE** peuvent aussi acheminer leurs demandes vers certaines bibliothèques données et accepter les demandes provenant du module **Loansome Doc** du logiciel **Grateful Med**.

Introduit aux États-Unis en 1985, le système **DOCLINE** a été mis à l'essai pour la première fois dans l'ouest du Canada en 1993. À la fin de la période d'essai, NLM a accepté que les bibliothèques canadiennes adhèrent au système à deux conditions :

a. que l'Institut canadien chargé de l'information scientifique et technique (ICIST) serve de coordonnateur canadien pour **DOCLINE** et **SERHOLD** de la même façon qu'il le fait pour l'accès à **MEDLARS**.

b. que tout usage canadien de **DOCLINE** passe par **INTERNET**.

The NLM a aussi permis au centre régional du *National Network of Libraries of Medicine* (NN/LM), situé à Seattle (Washington), de servir de fournisseur supplémentaire pour l'entrée de données concernant les périodiques canadiens dans le système **SERHOLD**, et ce jusqu'en avril 1996.

Quoiqu'assez complexe, **DOCLINE** s'est avéré un outil puissant, efficace, doté de nombreuses capacités pour le traitement des demandes de PEB et pour l'encouragement à collaborer et à partager les ressources. Pour plus de renseignements sur les applications de **DOCLINE** au Canada, voir les articles de Henderson(1,2). Pour une analyse des effets de **DOCLINE** sur le partage des ressources, voir l'article de McGough(3).

Il existe actuellement plusieurs Bibliothèques d'hôpitaux de la Colombie Britannique qui utilisent **DOCLINE**. Un certain nombre de bibliothèques de l'Alberta vont bientôt faire de même. Un grand nombre de bibliothèques des facultés de médecine canadiennes ont promis de s'abonner au système d'ici janvier 1995. Il y a donc grand intérêt à ce que davantage de bibliothèques canadiennes aient accès à ce système.

Evaluation de DOCLINE en vue de son éventuelle mise en oeuvre

Toute bibliothèque canadienne ayant l'intention de se raccorder au système **DOCLINE** doit examiner les avantages d'un tel projet. **DOCLINE** est un système très efficace pour faciliter les prêts entre bibliothèques. Pour éviter tout problème ultérieur, il est bon de planifier soigneusement son entrée dans le système et de tenir compte des facteurs suivants :

- *L'utilisation de* **DOCLINE** *provoquera des changements dans le mouvement et le volume des PEB. Bien que la plupart des bibliothèques constatent une augmentation du volume et une baisse de la charge globale de travail, certaines s'opposent à ce changement. Pour s'associer à* **DOCLINE**, *il faut accepter de partager ses ressources bibliothécaires, ce qui n'est pas toujours acceptable pour toute bibliothèque.*
- **DOCLINE** *est seulement un moyen parmi d'autres pour améliorer votre système de prêts entre bibliothèques et votre service de distribution des documents. Vous devez déterminer l'ensemble de vos besoins en PEB et comparer* **DOCLINE** *aux autres options afin de vous aider à mieux distribuer vos documents et à mieux servir vos clients.* **DOCLINE** *s'applique seulement aux documents relatifs aux sciences de la santé, ce terme étant pris toutefois dans sa plus large acception. Starr*(4) *offre un excellent aperçu de plusieurs options disponibles pour améliorer la distribution des documents.*
- *A l'heure actuelle, l'utilisation de* **DOCLINE** *est gratuite à l'exception de quelques frais d'inscription et de soumission de données.*
- *Il n'existe au Canada aucune infrastructure équivalant au système mis en place par le National Network of Libraries of Medecine sous l'égide de la NLM. Conformément aux ententes avec* **DOCLINE** *les bibliothèques canadiennes membres du système doivent s'attendre à investir temps et argent. L'ICIST a bien accepté de coordonner* **DOCLINE** *mais il est forcé de le faire en récupérant le coût complet.*
- *Les bibliothèques qui adhèrent à* **DOCLINE** *doivent continuer à indiquer toute nouvelle possession de périodiques aux catalogues collectifs canadiens tels que le Catalogue collectif des publications scientifiques dans les bibliothèques canadiennes. L'ABSC/CHLA encourage les bibliothèques canadiennes à signaler tout nouvel apport à l'ICIST aussi bien qu'à* **DOCLINE**.

Le partage des ressources se fait beaucoup mieux si des ententes de collaboration existent à l'échelle régionale. L'ABSC/CHLA travaille avec les chapitres, l'ICIST et le Comité spécial de l'A.F.M.C sur les bibliothèques des facultés de médecine pour susciter la création de telles ententes. En effet, ce n'est pas seulement le partage des ressources qui se voit ainsi simplifié mais aussi le partage des connaissances et la planification en commun nécessaires pour régler les problèmes de plus en plus complexes associés au partage des ressources.

Les usagers canadiens de **DOCLINE** doivent avoir accès à **INTERNET**. **DOCLINE** peut constituer une bonne raison d'accéder à ce système. Il faut toutefois noter que, même si le nombre de moyens d'accéder à **INTERNET** ne cesse d'augmenter, la mauvaise qualité et les difficultés d'accès peuvent constituer des

obstacles à l'accès à **DOCLINE** jusqu'à ce que de meilleurs choix se présentent.

Comment ma bibliothèque peut-elle adhérer à DOCLINE?

Si vous décider de vous abonner à **DOCLINE**, voici la marche à suivre:

1. Regroupez l'information. Vérifiez auprès de votre chapitre de l'ABSC/CHLA, du réseau des bibliothèques d'hôpital ou de la Faculté de médecine la plus proche s'il existe dans votre région d'autres bibliothèques désirant se raccorder à **DOCLINE**. Le système sera plus facile à mettre en place et plus efficace à long terme si vous participez en tant que membre d'un groupe régional. D'autre part, communiquez avec une des sources d'information mentionnées plus bas afin de connaître les exigences de **DOCLINE** et les procédures à suivre pour y adhérer. Certaines exigences sont bien spécifiques, surtout en ce qui concerne la façon de signaler les apports de périodiques. Vous devez vous y conformer avant d'utiliser le système.
2. Faites en sorte que ce soit l'ICIST qui vous inscrive dans le système **DOCLINE**. En procédant ainsi, vous ne serez pas tenu d'utiliser **DOCLINE**.
3. Faites en sorte que vos données relatives à la possession des périodiques soient entrées dans **SERHOLD**. De cette façon, vous n'avez pas à utiliser **DOCLINE**. Les options à votre disposition sont les suivantes :
   - *soumettez un catalogue sur papier des périodiques à l'ICIST;*
   - *faites parvenir un fichier informatique d'enregistrements électroniques (en vous assurant du format correct) à l'ICIST qui le transmettra à la NLM;*
   - *demandez à l'ICIST d'effectuer une mise à jour en ligne des données de **SERHOLD** pour votre bibliothèque (service traditionnellement offert seulement aux grandes bibliothèques détentrices d'un contrat spécial);*
   - *faites parvenir un fichier informatique d'enregistrements électroniques (en vous assurant du format correct) au centre régional du NN/LM, à Seattle (Washington), organisme qui transmettra à la NLM; et*
   - *demandez à ce centre d'effectuer une mise à jour en ligne des données sur **SERHOLD** pour votre bibliothèque.*

Pour la plupart des bibliothèques d'hôpital, la soumission d'un fichier informatique d'enregistrements électroniques ne peut se faire que par l'intermédiaire d'un fournisseur commercial qui peut produire des enregistrements formatés selon les exigences de la NLM. Il existe au moins un fournisseur de ce type au Canada : M.A. Ward & Associates.

Veuillez noter que la NLM accepte seulement les mises à jour de **SERHOLD** sur bande deux fois par an. La mise à jour en ligne de **SERHOLD** est encore récente mais sera sans doute, à l'avenir, la méthode la plus courante pour mettre à jour les données de **SERHOLD**.

4. Assurez-vous d'avoir un accès **fiable** à **INTERNET**.
5. Communiquez avec d'autres bibliothèques pour savoir où elles figurent dans votre table d'acheminement **DOCLINE** et pour tenter de conclure des ententes.
6. Demandez votre compte **DOCLINE**. Cela exige que vous soumettiez une table d'acheminement complète. Vous serez récompensé pour tout le temps passé à planifier soigneusement votre table d'acheminement. Votre compte sera activé lorsque vous recevrez votre code d'identification **DOCLINE** et votre mot de passe. Il vous faudra vérifier votre boîte aux lettres électronique tous les jours car toute demande non prise en considération sera réacheminée vers une autre bibliothèque.
7. Décidez si vous allez utiliser directement le système **DOCLINE** ou si vous souhaitez utiliser une autre liaison électronique de type QuickDoc(5).
8. Organisez des sessions de formation du personnel et assurez-vous que **DOCLINE** a bien été intégré dans les procédures de bibliothèque.
9. Décidez si vous comptez offrir le service **Loansome Doc**. Si oui, commencez à en informer les usagers.

Coût de DOCLINE en dollars canadiens

Les tarifs suivants sont les frais suggérés par l'ICIST. Ils sont en vigueur depuis juin 1994. Pour une liste de prix plus récente, veuillez communiquer avec le coordonnateur **DOCLINE** de l'ICIST. Il faut noter que la NLM pourrait avoir le droit d'imposer à l'avenir des frais de transaction aux usagers de **DOCLINE**.

Frais non-périodiques*

La cotisation de développement dite «TCN building fund» ne s'applique qu'aux bibliothèques qui se servent de la banque de données collective de l'ICIST pour créer des enregistrements dans **SERHOLD**.

Inscription à **DOCLINE**	75 $
Cotisation pour l'augmentation des codes de contrôle des titres (TCN "building fund")	
1 - 200 titres	200 $
201 - 1000 titres	500 $
1001 - 5000 titres	1 000 $
5000+	2 000 $
Atelier **DOCLINE**	50 $

Frais annuels*

La cotisation pour le processus de conversion imposée par l'ICIST se calcule par bibliothèque. Si un fichier soumis contient plus d'une bibliothèque, chacune d'entre elles doit payer la cotisation.

Cotisation de gestion	25 $
Processus de conversion pour signaler les enregistrements à la NLM ; **ou**	125 $
catalogue collectif privé vers une bande ICIST **SERHOLD**	75 $

Frais du Centre régional du NN/LM*

1. Le centre régional du NN/LM ne peut traiter que les données de périodiques allant dans **SERHOLD**. Vous devez utiliser l'ICIST pour l'inscription à **DOCLINE**.
2. La cotisation pour le processus de conversion s'applique à chaque fichier soumis. Il n'y a pas de frais supplémentaires si un nombre de données appartenant à différentes bibliothèques apparaît dans le même fichier.

Processus de conversion pour signaler les enregistrements à la NLM	Catalogue collectif privé seulement	75 $US
Mise à jour en ligne des données de **SERHOLD**	0,12 $US/donnée avec TCN	
	0,15 $US/donnée avec ISSN	
	0,25 $US/donnée avec titre seulement	

Exemples de coûts

1. Pour vous aider à vous y retrouver dans tous ces frais, imaginons la situation d'une bibliothèque d'hôpital possédant 200 titres de périodiques (abonnements courants et périmés). Supposons que cette bibliothèque a choisi de signaler le contenu de sa collection à **DOCLINE** en passant par la banque collective de données de l'ICIST.

Frais non-périodiques :	Inscription	75 $
	Cotisation «TCN building fund», 200 titres	200 $
	Total, frais non-périodiques	275 $
Frais périodiques annuels :	Cotisation annuelle de gestion	25 $
Conversion annuelle de données pour	le signalement à NLM **SERHOLD**	125 $
	Total, frais annuels	150 $
Total des frais durant la première année :		425 $
Total des frais exigés pour chaque année subséquente :		150 $

2. Prenons un deuxième exemple. Supposons que la même bibliothèque ait décidé d'utiliser les services d'un fournisseur commercial afin de produire des données sur catalogue collectif privé qui seront ensuite soumises à la NLM par l'intermédiaire de l'ICIST. Veuillez noter que les tarifs indiqués ci-dessous concernant le fournisseur ne sont que des estimations. Le coût réel doit être négocié avec le fournisseur choisi pour produire les données.

Frais non-périodiques :	Inscription	75 $
	Préparation du logiciel par le fournisseur	25 $
	Total des frais non-périodiques	100 $
Frais périodiques annuels :	Cotisation annuelle de gestion	25 $
	Cotisation à l'ICIST pour le processus de conversion	75 $
	Frais annuels d'entretien versés au fournisseur	50 $
Frais de conversion en format **SERHOLD**	versés au fournisseur	40 $
	Total des frais annuels	190 $
Total des frais durant la première année :		290 $
Total des frais exigés pour chaque année subséquente :		190 $

Pour de plus amples renseignements, veuillez communiquer avec :

l'ICIST

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Internet : lstarr@library.ualberta.ca

Chapitres de l'ABSC/CHLA

Veuillez communiquer avec le président de votre chapitre pour obtenir le nom des membres susceptibles de mieux vous informer.

Regional Centre of NN/LM, Seattle (Washington)

Nancy Press
Regional Medical Library, HSLIC
University of Washington, SB-55
Seattle, Washington 98195
Téléphone : (206) 543-8262
Télécopie : (206) 543-2469
Internet :
pressno@u.washington.edu

Catalogue de discussion Internet

Abonnez-vous à CANMEDLIB, le nouveau catalogue de discussion de l'ABSC/CHLA commandité par INTERNET. Ce catalogue comporte divers sujets susceptibles d'intéresser les bibliothèques et bibliothécaires du Canada se spécialisant dans les sciences de la santé. Pour vous inscrire à ce catalogue par le courrier, envoyez le message suivant à :
listserv@morgan.ucs.mun.ca

subscribe canmedlib Lise Martin
(en mettant votre nom à la place de **Lise Martin**). Si vous réussissez à vous inscrire, vous recevrez un message de confirmation du programme «listserv».

M.A. Ward & Associates

Paul Ward
M.A. Ward & Associates
77, avenue Vansittart
Woodstock (Ontario)N4S 6E3
Téléphone : (519) 421-2531

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* *Plusieurs termes utilisés dans ce bulletin ont fait l'objet d'un dépôt légal de la part de la US National Library of Medecine. Ce sont : DOCLINE, SERHOLD, Grateful Med, Loansome Doc, and MEDLARS.*

Bibliographie

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CHLA/ABSC Task Force On Resource Sharing

Terms of Reference

Introduction

This Task Force was created at the Fall 1994 CHLA/ABSC Board meeting to coordinate activities in response to the emerging issues related to resource sharing for health libraries. The need for the Task Force was accentuated by the introduction of **DOCLINE** into Canada along with economic and organizational restructuring in the health care sector. The Task Force is intended to continue work begun with *Libraries Without Walls: Blueprint for the Future* (the Flower report) and with the work of the former Joint SRCMSL/CHLA/ABSC Task Force on Inter-Library Loans.

The Task Force will focus on issues directly relevant to the needs of the health sciences library community. The emphasis will be on practical solutions directed at the local level. The work of the Task Force is an appropriate step to more effective sharing of distributed resources and improved library networking. It is recognized that there are many further issues which require cooperation and collaboration with other organizations.

The introduction of the **DOCLINE** system into Canada is seen as a catalyst for clarifying and facilitating the resolution of many resource sharing issues identified in the Flower report and the report of the Joint SRCMSL/CHLA/ABSC Committee on Inter-Library Loans. Evaluation of the effectiveness of the **DOCLINE** system as a long term solution to the identified problems is necessary.

Mandate

The role of the Task Force is to:

1. Facilitate the implementation of **DOCLINE** in Canada.
2. Critically evaluate current serials union list activities (including **DOCLINE/SERHOLD**) at the national and local levels and make recommendations needed to support efficient resource sharing.
3. Develop and update information packages on available resource sharing tools.
4. Facilitate access to the Internet for health libraries through publication of information about available services and identify alternative solutions for accessing the Internet.
5. Identify issues and recommend actions requiring CHLA/ABSC Board consideration.

Organization

The Task Force will consist of a chair and three other members appointed by the CHLA/ABSC Board. The chair of the Task Force will be appointed by the Board. The Task Force may second other Association members to assist it as needed. In addition, each chapter of the Association shall appoint a Resource Sharing Coordinator who shall be responsible for providing information and comments to the Task Force and act as a conduit of information to the local chapter members.

The chair will report on the activities of the Task Force at each CHLA/ABSC Board meeting and to the membership of the Association at the Annual General Meeting. Regular reports are to be submitted to BMC.

Term

The term of the Task Force shall be two years. The mandate and organization of the Task Force shall be reviewed at the Fall 1995 CHLA/ABSC Board meeting. ■

CCHFA Representative Report

Judy Inglis

The most recent CCHFA National Health Organizations (NHO) meeting was held on the 18th of October in Ottawa. The change in the focus and organization of this group initially discussed at the spring meeting was very much in evidence. There has been a decided effort on the part of the Council to make these meetings much more open and consultative. Rather than viewing them as a means of simply passing along information and council decisions as a courtesy to the NHO's, the meetings are being increasingly used as an opportunity for dialogue and a means of collecting feedback on a range of issues affecting health care facilities and systems. An NHO Advisory Planning Group comprised of 11 Ottawa area volunteers has been established to set the agendas for these meetings, and an NHO representative now serves as co-chair of the meetings. The future possibility of having an NHO representative sit as a non-voting member of council was also discussed, and while the CCHFA is not yet ready to address changes in governance, the NHO co-chair has been invited to attend Council meetings.

The process of revision for the acute care/cancer standards is near completion, with final testing underway, publication scheduled for the near future, and implementation planned for April of 1995. I have been assured that the library will be clearly listed as one of the units composing the Information Management Team, and the latest draft of both the acute care/cancer, as well as the draft long-term are standards which were distributed last month, include this change. The standard has also been adjusted to make the entire information management standard applicable to library services, rather than the previous sub-section on knowledge-based information which caused confusion for surveyors and libraries alike.

There have been a number of questions about the impact of these new standards on organizational structure. Please keep in mind that these functional groupings do not imply a hierarchical, reporting structure, they are designed to bring together all of the areas that are likely to be involved in providing specific kinds of services or programs to ensure that service planning and provision is being done cooperatively, collaboratively and effectively. In many facilities, the library may in fact be part of more than one team - those with active patient/consumer information services may be included on patient care teams, those whose major emphasis is the support of educational programs may be included in the human resources team etc. The feedback that I have received from libraries at the beta test sites has been extremely positive thus far, indicating that this team structure has provided them with significant opportunities for dialogue, collaboration and networking, particularly with the departments that can provide them with the technological support that they need to expand and optimize service provision.

A review of the new accreditation process emphasized the change to a consultative, negotiated process, and this has been borne out in conversations with surveyors and beta-test sites. The facility preparing for accreditation will be asked to establish its own specific goals and objectives for the survey, the teams to be interviewed will be established in consultation with the surveyors to ensure broad representation from both managerial and front-line employees. For libraries in larger facilities with a number of staff members, this may mean that technical, clerical or other support staff may be asked to meet with surveyors. In surveying a facility, patients and families will be the first group interviewed by the surveyors, followed by patient care teams, support services, and administration. In the words of the Council, the previous standards required facilities to indicate that they were **capable** of providing quality care, these standards require facilities to provide evidence that they **do** it.

The Council is now working actively to develop performance indicators to be used in conjunction with the standards. The initial focus is on the development of generic indicators that cross all types of patient care, followed by indicators for specific types of care, indicators for corporate functions, and lastly, administrative indicators. Indicator development will be the responsibility of technical committees established in each of these areas. It is our hope that the CHLA representative will be able to play an active role in this process, and we will be working towards this end. The Council also indicated that they intend to produce a companion document to the standards on indicator development which will provide guidelines on indicator development for facilities requiring them. It should be noted that neither the indicators, or the guidelines, will be prescriptive. A facility may chose to develop its own indicators and as long as they are appropriate, they will be acceptable to the surveyors. In 1995 facilities will not be expected to have indicators in place, but will be expected to be working actively in this direction.

While predicting the impact of the changes in the accreditation process on libraries is to some degree speculative, they do seem to suggest the following:

i. the increased importance of professional standards, which are referred to throughout the document. Please review the report of the CHLA/ABSC Standards Task Force in this issue and make sure that you participate actively in the development of the CHLA/ABSC standards.

ii. the need to demonstrate the impact of a service/department on the quality of health care.

There has been significant work done in this area through Dr. Marshall's Rochester Study and a number of others since then. This work needs to be continued and disseminated broadly, particulary in the management literature.

iii. the need for increased interprofessional consultation, collaboration, networking and problem-solving. There is a need to demonstrate that clients needs have been effectively assessed and responded to, and a need to identify and communicate our own requirements to effectively support these needs.

iv. the need to establish quality indicators and strategies for ensuring the continual improvement of service quality. Please make sure that if you are involved in indicator development and quality improvement programs that you share your experiences with your colleagues.

For further information regarding the standards, please feel free to contact me:

Judy Inglis
J.W. Crane Memorial Library
Deer Lodge Centre
2109 Portage Avenue
Winnipeg, Manitoba R3J 0L3
Tel: (204) 831-2152
Fax: (204) 888-1805
Internet: inglis@mbnet.mb.ca

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Report of the CHLA/ABSC Task Force on Library and Information Services in Canadian Healthcare Facilities

Judy Inglis, Janet Joyce and Shaila Mensinkai

The Task Force has completed the review of the feedback from the membership in response to the first draft of the standards. Overall this has been extremely positive, and indicates that the change in focus for this edition of the standards has been both timely and responsive to the changes and challenges that health facility libraries are facing. The major change to the draft suggested by the librarians who responded was a request for an increased emphasis on the need for the appropriate access to technological resources in order to provide quality service, and the revisions that we are proposing for the second draft reflect this.

The committee is now in the process of completing what we hope will be the final revisions to the standards document and the preparation of the introductory materials, glossary, appendices and reading list. We are currently collecting samples of the materials listed below for inclusion in the appendices. If you have developed or discovered any that you think are particularly good examples, we would greatly appreciate receiving them.

i) Mission/Vision Statements
ii) Needs Assessment Tool
iii) Position Descriptions
iv) Client Satisifaction Survey
v) Contracts - Consortium, Consultant, Joint Venture

The current time line for the production of the final publication is as follows:

November - January finish final revisions to Draft 2 and complete preparation of accompanying materials
January 15 distribute Draft 2 to membership
January 30 phone and Internet reminders to members re the need for feedback
Febuary 15 deadline for feedback
Winter Board Meeting complete final edit and submit final version of standards to board for approval
June 1995 publication in conjunction with the St. John's Conference, standards available for sale

Keep in mind that we will be working with fairly tight timelines for feedback in order to meet this publication schedule. Please make the time to review the standards carefully, and provide us with your input. If you have not yet had a chance to review the first draft of the standards and wish to do so, please contact any member of the Task Force. If you wish to ensure that your name is on the mailing list for the second draft, to be distributed mid-January please let us know. Anyone who has requested a copy of the first draft of the standards will automatically receive a copy of the second draft.

Further information regarding the standards can be obtained by contacting any member of the Task Force at the addresses and phone numbers listed below.

CHLA/ABSC Task Force on Standards for Library/Information Services in Canadian Healthcare Facilities

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Public Relations Report

Carole Brault
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Il me fait plaisir de vous présenter un compte-rendu pour l'année 93-94. En tant que directrice aux rélations publiques au sein de l'exécutif de l'Association, ma principale responsabilité est de promouvoir l'Association et ses réalisations. C'est donc dans cet esprit que les actions suivantes ont été entreprises.

Last spring, CISTI kindly agreed to include with their NLM Technical Bulletin mailing a CHLA/ABSC membership form as well as information on the London Conference, thus allowing CHLA/ABSC to reach potential new members. I would like to thank Dianne Pammet for her great collaboration as well as Dorothy Davey and Lorraine Busby for providing the necessary information and material.

Second, emphasis was given to marketing CHLA/ABSC publications. I am happy to report that both the Special Libraries Association and ASTED will be publishing a review or brief description of the WMS guide in their respective journals. We are also awaiting answers from other publications, including the Bulletin of the Medical Library Association.

Then, in an effort to increase our Association's visibility and membership, CHLA/ABSC will most probably have a booth at the next ASTED meeting to be held next October in Hull. ASTED has a health libraries section, one of the most active groups in ASTED.

A new project is in the works: it will be a survey of union lists. After hearing all the discussions on **DOCLINE** at the London meeting, it will certainly be of interest for members to share information about how their local union list is presently compiled and updated. I will be contacting the chapter presidents in the fall for this survey.

Finally, I would encourage all of you to drop me a line or give me a call if you have ideas for promoting the Association and I would also like to take this opportunity to thank all the board members for their suggestions and ideas over the year. I look forward to serving on the board for the next year. ■

New Publications to Note

Clinical Oncology: A Selected List of New Books 1992-94

The MLA Cancer Librarians Section is pleased to announce the availability of **Clinical Oncology: A Selected List of New Books 1992-94**. This fourth edition has been expanded to include reviews of most texts which might be considered for purchase sight unseen by a small to medium-sized medical library. It is intended to facilitate the selection of oncology books in a library with a limited oncology collection. All reviews are written by medical librarians with expertise in clinical oncology. Full citations, price approximations, journal review locations, and Brandon/Hill list information are given for each title. The publication (45 pp.) costs $10 (US) each. To order, submit a cheque made payable to the MLA-Cancer Section and forward to:

Susan J. Michaelson
Texas Medical Association Library
401 West 15th Street
Austin, TX 78701-1680
512-370-1541

Union Serials List of the Windsor Area Health Libraries

The 17th edition (1994) of the Windsor Area Health Librarians Association "Union Serials List" has been published. It is available for $25.00/copy prepaid. Make cheque payable to WAHLA and send to:

Mrs A. Henshaw, Treasurer
WAHLA
c/o Staff Library
Hotel-Dieu Grace Hospital
339 Crawford Avenue
Windsor, ON N9A 5C6

Health Information - New Possibilities

Proceedings of the 4th European Conference for Medical and Health Libraries, Oslo, June 28-July 2, 1994. John van Loo and Tony McSeán (ed.). Netherlands: Kluwer, 1995. BF 3,950

This is a prepublication notice and price as reported in the October issue of *Newsletter to European Health Librarians* (European Association for Health Information and Libraries (EAHIL)). For more information, please contact:

EAHIL Secretariat, attn. Roselyne Hoet
60 rue de la Concorde - B-1050 Brussels, Belgium
Tel/fax 322 511 80 63 ■

Call for Nominations for CHLA/ABSC Honours and Awards

CHLA/ABSC Award of Outstanding Achievement

To be eligible for the Award of Outstanding Achievement, a candidate must have made a significant contribution to the field of health sciences librarianship in Canada. The candidate's contribution must be of more than passing importance, interest or local advancement. In addition, the candidate must fulfil at least one of the following:

1. be currently registered as a member of the Association, *or*
2. be currently employed as a health sciences librarian, *or*
3. have been a health sciences librarian for part of a currently active career, *or*
4. currently teach a formal course in health sciences librarianship, or have taught and made a significant contribution to the development of health sciences curricula.

Nominations must provide specific examples of the nominee's contributions to the field of Canadian health sciences librarianship. A curriculum vitae, including publications of the candidate, should be included.

Nominations must be received by **February 1, 1995.** They must be **in writing** and mailed to:

Bev Brown, CHLA/ABSC Past President
Medical Library
University of Manitoba
770 Bannatyne Avenue
Winnipeg, Manitoba R3E 0W3

CHLA/ABSC Canadian Hospital Librarian of the Year Award

The CHLA/ABSC Canadian Hospital Librarian of the Year Award recognizes the contribution of an individual hospital librarian to the advancement of health care and health librarianship in Canada. The award is offered annually and will consist of an engraved plaque to be presented at the annual conference. This award was created in 1993 by the CHLA/ABSC Board to recognize the valuable contribution of hospital librarians to health care.

Eligibility and application criteria

1. Candidates must be currently registered as a member of the Association;
2. Candidates must work in a hospital library;
3. Over a minimum period of the past year, candidates must have:
   a) made a significant contribution to the practice of hospital librarianship in Canada (e.g. as demonstrated by excellence and achievement in advocacy, leadership, publications, presentations, teaching, research, technology, administration, special projects, or any combination of these areas), *or*
   b) provided superior library service that has contributed significantly to health care and/or has improved recognition of the importance of hospital librarianship in the provision of health care.
4. Nominations must provide specific examples of contributions of the nominee to hospital librarianship or health care. A curriculum vitae should be included.

Nominations must be received by **February 1, 1995.** They must be **in writing** and mailed to:

Bev Brown, CHLA/ABSC Past President
Medical Library
University of Manitoba
770 Bannatyne Avenue
Winnipeg, Manitoba R3E 0W3

CHLA/ABSC Tenth Anniversary Commemorative Award

The CHLA/ABSC Tenth Anniversary Commemorative Award recognizes that one of the most tangible means whereby the mission of CHLA/ABSC is accomplished is through the activities of its Chapters. The Award is intended to recognize chapter activities which have made a significant contribution to furthering the CHLA/ABSC mission. It is in the amount of $500.00 and is offered annually.

Eligibility and application criteria:

1. All Chapters in good standing are eligible to apply.
2. The President of the Chapter must submit, no later than one month before the Annual General Meeting, a detailed summary of the special activity on which the judgement is to be based. The submission must be co-signed by any other member of the Chapter executive. The submission is distinct from any annual report submitted to the Board.
3. The activity which forms the basis upon which a Chapter applies for the Award may take place in a given year or be represented by the efforts of several years.

Submissions must be received by **May 1, 1995.** They must be **in writing** and mailed to:

George Beckett, CHLA/ABSC President
Health Sciences Library
Memorial University of Newfoundland
St. John's, Nfld. A1B 3V6

CHLA/ABSC Development Fund

Terms of reference

The CHLA/ABSC Development Fund was created in June 1993 at the time of the Banff Pre-conference Board Meeting. The Fund is designed to support initiatives by chapters and individuals and provides a tangible way for the association to foster growth at the local level.

The CHLA/ABSC Development Fund complements the existing CHLA/ABSC Tenth Anniversary Commemorative Award. Both the Development Fund and the Tenth Anniversary Commemorative Award recognize activities which further the mission of CHLA/ABSC. The Tenth Anniversary Commemorative Award, which is offered annually in the amount of $500.00, will continue to recognize CHLA/ABSC chapter activities which have been completed or are in progress. The activity or activities may represent the efforts of one year or several years.

The CHLA/ABSC Development Fund will be awarded to chapters or to individuals whose projects meet the criteria for funding. Projects funded by the Development Fund will normally be new and more focused projects which have definitive start and completion dates. Examples of such projects are:

- CHLA/ABSC Chapter continuing education activities (e.g. development of courses and course materials, presentation of courses)

- CHLA/ABSC Chapter activities of merit (e.g. publications, union lists, consortia development, resource sharing, networking)
- Original research projects and studies which promote excellence to access to information.

The amount of money allocated to the Development Fund shall be set by the Board of Directors annually at the Fall Board Meeting for the following fiscal year. The amount allocated to the Development Fund normally will not be less than $2000.00.

The Board shall review all applications for grants from the Development Fund and may award grants at its discretion. The value of any grant awarded will be set by the Board of Directors according to the contribution of the project to the mission of CHLA/ABSC and the availability of funds in the Development Fund.

Recipients of grants from the Development Fund will be expected to submit a report about the project or activity to the CHLA/ABSC Board of Directors upon completion of the project. A summary of the project will also be required for publication in **BMC**.

Unused portions of grants provided from the Development Fund must be returned to the Association upon completion of the project or activity for which the grant was supplied.

Procedures for application

Applications for grants from the Development Fund must be submitted at least one month before the next scheduled CHLA/ABSC Board meeting. Board meetings normally are held in February, June and October of each year.

Applications should be sent to the current CHLA/ABSC President with a copy to the Secretary. Applicants will be notified of the disposition of their application shortly following the Board meeting at which the application is considered. All enquiries and correspondence concerning the award should be directed to the CHLA/ABSC President.

Review criteria for applications

All requests for grants from the Development Fund will be reviewed using the following criteria:

1. contribution to the improvement of health and health care by promoting excellence in access to information;
2. benefit to the professional development and/or professional practice of CHLA/ABSC members;
3. originality of the proposed project or activity.

In addition, requests for research funding will also be evaluated using the following additional critera:

4. appropriateness of research project design and evaluation methods;
5. apparent ability of the research project leader to successfully complete the proposed project.

Honorary Life Membership in CHLA/ABSC

To be eligible for the Honorary Life Membership in the CHLA/ABSC, a candidate must have played an active role in the affairs of the Association, and fulfil the following:

1. be at or near the close of an active career in health sciences librarianship;
2. hold a regular membership at the time of nomination;
3. have made a significant contribution to the advancement of the purposes of the Association.

A curriculum vitae and a statement of the candidate's contributions to, and activities within, the Association must be included.

Nominations must be received by **February 1, 1995**. They must be **in writing** and mailed to:

Bev Brown, CHLA/ABSC Past President
Medical Library
University of Manitoba
770 Bannatyne Avenue
Winnipeg, Manitoba, R3E 0W3

CHLA/ABSC Student Paper Prize

Eligibility

The contest is open to all students in or recently graduated from a library or information sciences program, a library techniques program or a program in a related faculty. Registered students may be full or part-time; graduate students should have completed their studies within one year of the competition's closing date of **March 31, 1995**. Articles submitted must be written while the student is enrolled in a program of study, or within one year of graduation.

A statement by a faculty member verifying that the article was written in accordance with the above requirements must accompany each paper.

Multiple-author papers are eligible but in the event that such a paper is selected, only one prize will be awarded, divided evenly amongst all authors.

The prize winner must be willing to have the paper published in **Bibliotheca Medica Canadiana (BMC)**, the official journal of CHLA/ABSC.

Prize

The author of the winning paper will receive $300.00. The winning paper will be published in **BMC**.

Content and format

The paper should provide an in-depth analysis of a topic in health sciences librarianship or information science that is of interest to CHLA/ABSC members. The paper should not exceed twenty (20) double-spaced, typed pages and must not have been previously published. All references should be given in the Vancouver style; see **British Medical Journal** 1988 Feb 6;296(6619):401-405. Contributions should be submitted **on disk, preferably in WordPerfect 5.1 format.**

All entries will be blind-reviewed. Three copies of the manuscript should be submitted together with a single cover sheet containing the full title of the article and for each author, name, a brief biographic sketch, degree program and institution, home address, telephone number and internet address.

Entries should be mailed to:

Student Paper Prize
CHLA/ABSC
P.O. Box 94038
3332 Yonge Street
Toronto, Ontario, M4N 3R1

Submissions must be postmarked no later than **March 31, 1995.**

Judging

The panel of judges is comprised of the CHLA/ABSC Continuing Education Coordinator, the Editor of **Bibliotheca Medica Canadiana**, and one other person appointed by the CHLA/ABSC President. The judges will read and evaluate all entries for style and readability, originality and suitability for publication. The decision of the judges is final. If, in the opinion of the judges no article submitted satisfies these criteria, the judges reserve the right not to declare a winner.

Announcement of the award will be made at the Annual General Meeting in St. John's, Newfoundland in June 1995. The winner will be contacted prior to that date.

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Report from CISTI

Status of **DOCLINE** In Canada

Michelle Slachta
Electronic Product Coordinator, DOCLINE
Electronic Products and Services, CISTI

DOCLINE Expansion accepted

CISTI presented the final version of the **DOCLINE** Service Proposal at the annual CHLA conference in June in London. The proposal describes how CISTI will expand and support participation of the Canadian health sciences library community in the National Library of Medicine's **DOCLINE** system. It was developed over a period of several months and involved meetings and consultation with the Association of Canadian Medical Colleges and CISTI's Health Sciences Advisory Committee. Many of the issues addressed in the proposal have been nicely summarized in the "CHLA/ABSC information update on **DOCLINE** for Canadian libraries" in this issue.

Kickstarting DOCLINE with ACMC

After CHLA, CISTI immediately called on the ACMC group to join **DOCLINE** this year. In response the following 7 libraries will submit holdings to **SERHOLD** on the 1994 CISTI **SERHOLD** tape: Memorial University Health Sciences Library, Dalhousie University Health Sciences Library, McGill University Health Sciences Library, McGill University Osler Library, University of Saskatchewan Health Sciences Library, Université Laval Bibliothèque scientifique and Queen's University Bracken Library. They join the 6 ACMC members who participated in the **DOCLINE** expansion trial in 1993: UBC Woodward Biomedical Library, University of Manitoba Medical Library, University of Manitoba Neilson Dental Library, University of Alberta Health Sciences Library, University of Calgary Medical Library and the University of Calgary Main Library. The remaining ACMC libraries have indicated that they will join in 1995. Submitting holdings to **SERHOLD** this year has prompted many of these members to update their holdings in the Union List. Note that most of the ACMC libraries do not expect to start actively using **DOCLINE** until 1995.

Status of DOCLINE Expansion in Alberta and British Columbia

Both the Southern and Northern Alberta Health Libraries Associations are actively working with Paul Ward of M. A. Ward & Associates to submit holdings into **SERHOLD** this year. The British Columbia health sciences libraries are already very well organized since they took part in the **DOCLINE** expansion trial in 1993. Over 20 BC libraries are now active users of **DOCLINE**.

TCN Input into the Union List

In order for CISTI to submit its holdings and those of the ACMC libraries to the **SERHOLD** database, TCNs (NLM title control numbers) needed to be added to the Union List this year. By the end of August approximately 20,000 TCNs will have been added to the Union List. These titles have been identified by NLM as titles most frequently requested on **DOCLINE** in 1993. In the future TCNs will routinely be added to the Union List in order that more titles will be pulled into **SERHOLD** each year. This fact should be of interest to all who will participate in **DOCLINE**, even those who are submitting holdings via Paul Ward and RML6 in Washington state, because RML6 will help Canadians input holdings into **SERHOLD**, but only until April of 1996. After that date all Canadian libraries will have to submit holdings or holdings changes through CISTI.

DOCUSER Update

Many libraries in Canada received a **DOCUSER** update form from NLM this summer. **DOCUSER** is NLM's ILL policy database and any library which has ever requested an ILL from NLM in the past will have a record in **DOCUSER**. In updating the **DOCUSER** form you will have noticed a number which starts with the letter "F", such as F00575. This is your unique library ID (LIBID). Acquiring a LIBID is but one of the steps in becoming a **DOCLINE** participant.

Registering for DOCLINE

Joining **DOCLINE** is basically a 2-step process; (1) inputting your holdings into **SERHOLD** and (2) completing a **DOCLINE** application form which includes completing a routing table and signing Memoranda of Understanding with NLM. For those of you who are considering submitting holdings to **SERHOLD** via Paul Ward (step 1), you must contact CISTI to complete a **DOCLINE** application form (step 2). CISTI has prepared a **DOCLINE** package which includes general information on how to join **DOCLINE**, as well as an application form which must be completed and returned to CISTI for processing. If you would like to receive this package, or for more information on **DOCLINE**, please contact:

Michelle Slachta
Electronic Product Coordinator, DOCLINE
Electronic Products and Services
CISTI/NRC
Ottawa, Ontario
K1A 0S2
Tel: (613) 993-1210
Fax: (613) 952-8244
Internet: michelle.slachta@nrc.ca

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Rapport de l'ICIST

L'évolution de **DOCLINE** au Canada

Michelle Slachta
Coordonnatrice de produit électronique, DOCLINE
Produits et services électroniques, ICIST

Approbation de l'expansion de DOCLINE

L'ICIST a présenté la version finale de sa proposition de service **DOCLINE** lors de la conférence annuelle de la CHLA à London, en juin dernier. La proposition décrit la façon dont l'ICIST augmentera et encouragera la participation de la communauté canadienne des bibliothèques des sciences de la santé au système **DOCLINE** de la National Library of Medicine. La rédaction de cette proposition s'est échelonnée sur plusieurs mois et a donné lieu à des réunions et à des consultations soutenues avec l'Association des facultés de médecine du Canada (AFMC) et la Commission consultative sur les sciences de la santé de l'ICIST. On pourra trouver un excellent résumé des faits saillants de la proposition dans l'article «Mise à jour de l'ABSC/CHLA de l'usage de **DOCLINE** par les bibliothèques canadiennes» du présent numéro.

Coup d'envoi de DOCLINE au sein de l'AFMC

Après la conférence de la CHLA, l'ICIST a invité l'AFMC à se joindre cette année à **DOCLINE**. En réponse à cette invitation, les 7 bibliothèques suivantes verseront leur fonds documentaire dans **SERHOLD**, par l'entremise du ruban de **SERHOLD** de l'ICIST de 1994 : la bibliothèque des sciences de la santé de la Memorial University, la bibliothèque des sciences de la santé de la Dalhousie University, la bibliothèque des sciences de la santé de l'Université McGill, la bibliothèque Osler de l'Université McGill, la bibliothèque des sciences de la santé de l'University of Saskatchewan, la bibliothèque scientifique de l'Université Laval et la bibliothèque Bracken de la Queen's University. Ces bibliothèques viennent s'ajouter aux 6 autres qui ont participé à l'essai d'expansion de **DOCLINE** en 1993, nommément la bibliothèque biomédicale Woodward de l'UBC, la bibliothèque médicale de l'University of Manitoba, la bibliothèque de dentisterie Neilson de l'University of Manitoba, la bibliothèque scientifique de l'University of Alberta, la bibliothèque médicale de l'University of Calgary et la bibliothèque principale de l'University of Calgary. Les autres bibliothèques de l'AFMC ont indiqué qu'elles se joindraient au projet en 1995. Étant donné la nécessité de verser leur fonds documentaire dans **SERHOLD**, bon nombre des membres ont entrepris de mettre leur fonds à jour au sein du catalogue collectif. Il importe de noter que la plupart des bibliothèques de l'AFMC ne prévoient pas avoir activement recours à **DOCLINE** avant 1995.

Expansion de DOCLINE en Alberta et en Colombie-Britannique

La Southern Alberta Health Libraries Association et la Northern Alberta Health Libraries Association collaborent avec Paul Ward, de M. A. Ward & Associates, à la soumission de leur fonds documentaire pour inclusion dans **SERHOLD** cette année. Pour leur part, les bibliothèques des sciences de la santé de la Colombie-Britannique sont déjà bien préparées puisqu'elles ont participé à l'essai d'expansion de **DOCLINE** en 1993. Plus de 20 bibliothèques de la Colombie-Britannique sont maintenant des exploitants actifs de **DOCLINE**.

TCN ajoutés au catalogue collectif

Afin que l'ICIST puisse soumettre son fonds documentaire et celui des bibliothèques de l'AFMC à la base de données **SERHOLD**, on a dû ajouter un nouvel élément au catalogue collectif cette année : les TCN, c.-à-d. les numéros de contrôle de titre de la NLM. C'est donc dire que d'ici la fin août, quelque 200 000 TCN auront été ajoutés au catalogue collectif. Ces numéros reflètent les titres qui ont été le plus souvent demandés sur **DOCLINE** en 1993. On continuera à ajouter régulièrement des TCN au catalogue collectif afin que, chaque année, un nombre accru de documents soit ajouté à **SERHOLD**. Ceci intéressera tous ceux qui participent à **DOCLINE**, même ceux qui soumettent leur fonds documentaire par l'entremise de Paul Ward et de RML6 dans l'état de Washington, étant donné que RML6 aidera les membres canadiens à entrer leur fonds documentaire dans **SERHOLD**, mais seulement jusqu'en avril 1996. Après cette date, toutes les bibliothèques canadiennes devront soumettre leur fonds documentaire ou les modifications à leur fonds documentaire à l'ICIST.

Mise à jour de DOCUSER

Cet été, plusieurs bibliothèques du Canada ont reçu un formulaire de mise à jour de **DOCUSER** de la part de la NLM. **DOCUSER** est la base de données de politiques de mise à jour du PEB de la NLM et toute bibliothèque qui a fait, par le passé, quelque demande de PEB auprès de la NLM apparaîtra dans **DOCUSER**. Lorsque vous parcourrez et remplirez le formulaire de mise à jour **DOCUSER**, vous noterez un numéro qui commence par la lettre «F», tel que F00575. Ce numéro représente votre numéro d'identification de bibliothèque (LIBID). L'obtention d'un LIBID est une des étapes nécessaires pour devenir un participant à **DOCLINE**.

Adhésion à DOCLINE

L'adhésion à **DOCLINE** compte deux étapes principales : (1) il faut verser son fonds documentaire dans **SERHOLD** et (2) il faut remplir une demande d'adhésion à **DOCLINE** qui comprend l'inscription dans une table d'acheminement et la signature de protocoles d'entente avec la NLM. Pour ceux d'entre vous qui prévoyez soumettre votre fonds documentaire par l'entremise de Paul Ward (étape 1), vous devrez communiquer avec l'ICIST afin de remplir un formulaire d'adhésion à **DOCLINE** (étape 2). L'ICIST a préparé une trousse **DOCLINE** qui contient des renseignements généraux sur la façon d'adhérer à **DOCLINE** ainsi qu'un formulaire que vous devrez remplir et renvoyer à l'ICIST. Pour recevoir la trousse ou pour obtenir de plus amples renseignements sur **DOCLINE**, communiquez avec :

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Coordonnatrice de produit électronique, DOCLINE
Produits et services électroniques
ICIST/CNRC
Ottawa (Ontario) K1A 0S2
Téléphone : (613) 993-1210
Télécopieur : (613) 952-8244
Internet : michelle.slachta@nrc.ca

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Telemedicine Schedule / CE News

Here are the remaining telemedicine programs for the the current session. **All the sessions are on Mondays from 3:30 - 4:15.**

November 7
Managing Audiovisual Resources
Speaker: Liz Aldrey, Audiovisual Technician, Health Sciences Education Centre, Mohawk College, Hamilton, Ont. (905) 575-1515, x4092.

November 28
Using DOCLINE in a Small Health Library
Speakers: Charlotte Beck, Librarian, R.C. Talmey Library, Richmond Hospital, Richmond BC - (604) 244-5165; Jim Henderson, Director, Medical Library Service, College of Physicians and Surgeons of British Columbia, Vancouver BC; and Carol MacFarlane, Reference Librarian, Registered Nurses Association of British Columbia, Vancouver BC.

January 16, 1995
Literature and Resources in Addiction
Speaker: Debbie Monkman, Supervisor, Reference Services, Addiction Research Foundation, Toronto, Ont - (416) 595-6980.

February 6, 1995
Managing Difficult People
Speaker: Susan Lenox, Director, Social Work, Hamilton Civic Hospitals, Henderson Division, Hamilton, Ont - (905) 527-4322, x2199.

Continuing Education Workshops at the Faculty of Information Studies, University of Toronto

Information on Continuing Education workshops at the Faculty of Information Studies, University of Toronto is now available electronically. You can be put on their E-mail list to receive preliminary information regularly and can then E-mail back to ContEd@fis.utoronto.ca for full details of a specific workshop. You may also access information via their Gopher. Go to GOPHER.FIS.UTORONTO.CA, then to the subdirectory entitled Continuing Education Program, then to the title or subject directory. For more information contact Marcia Chen, Tel. (416)978-7111; E-mail: ContEd@fis.utoronto.ca; Fax: (416)971-1399. ■

Contents of *Health Libraries Review*

Volume 11(2) 1994

Health Libraries Review is the official journal of the Medical, Health and Welfare Libraries Group of the Library Association. In the coming months they will be publishing several theme issues. Issue 11(3) will cover health informatics, while issue 11(4) will deal with evidence-based practise. The most recent issue is a theme issue on consumer health information. Here is the table of contents:

Unmet needs for health information
by Sarah Buckland page 82-95

A content analysis of the health information provided in women's weekly magazines
by B.Jane Elliot page 96-103

The use of ephemera with particular reference to blood and organ donation: a review of sources
by Grace M. Rose page 104-116

Patient information provision: its effect on patient anxiety and the role of health information services and libraries
by Victoria Bolton and Michael Brittain page 117-132

Dissemination: implementing the findings of research
by Nick Freemantle and Ian Watt page 133-137

Health Facts Information Centre, Frenchay Hospital, Bristol: five years 1988-1992
by Jane Sweetland page 138-142

Health Libraries Review is published quarterly and the subscription price for North Americans is $129.00 (US). Subscribers in Canada must add GST. Orders for current subscriptions and back issues should be sent to

Journal Subscriptions Dept,
Marston Book Services,
P.O. Box 87,
Oxford, U.K.

Orders for reprints should be addressed to
Blackwell Scientific Publication Ltd,
Osney Mead,
Oxford OX2 0El ■

Old World - New World:
CHLA/ABSC 19th Annual Conference, June 4 - 7, 1995

The Canadian Health Libraries Association/Association des bibliothèques de la santé du Canada has planned its 19th Annual Conference to take place in the beautiful and historic city of St. John's, Newfoundland. The oldest city in North America, St. John's is well known for its scenic beauty and tourist attractions.

The conference theme, OLD WORLD, NEW WORLD, is drawn both from the historic character of Newfoundland and the principles of preserving and building on enduring values of librarianship. The objective of the conference is to explore this theme by attempting to put technological developments into the context of "what we are" and "what we do" and by looking at the application of traditional library skills in non-traditional areas.

The conference promises to be a stimulating one with an exciting line-up of speakers and thought-provoking topics. Mary Dykstra, who is a member of the Canadian Council on the Information Highway and a former Director of the Graduate School of Library and Information Science, Dalhousie University, will provide the keynote address. Dr. Dykstra will speak on the "Effects of Change in Information Technology on Libraries, Library Services, and Librarians"

Other program highlights include:

- *Unified Medical Language System Knowledge Sources (Medical Informatics)*
- *Development and Delivery of Health Services in Newfoundland and Labrador: A Historical Perspective*
- *Telemedicine and Distance Education*
- *SatelLife: the Library Partnership Programme*
- *Benefits and Difficulties with the Introduction of Evidence-Based Medicine*
- *Effects of Downsizing on Library Services and Accreditation Demands*
- *Virtual Library*

There will be a panel presentation on 'Document Delivery: Problems and Solutions' that will address the issue 'Access versus Ownership'. Jan Greenwood and David Crawford will end the conference by debating the resolution 'Information Technology has not fundamentally changed what librarians do, only how they do it'.

Pre-conference CE courses offer you some great reasons to come early to St. John's. They include:

- *Medline (Basic & Advanced)*
- *Grateful Med*
- *Internet*
- *Docline*
- *Evaluating New Technology*
- *Consumer Health Information*
- *Embase*

Don't miss it! Circle the dates in your calendar, plan to attend, come early and stay late! We promise our good old Newfoundland hospitality with some great tours, food, music and dancing with Jim Payne and friends!

For further information, please contact:

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Chapter Report

Newfoundland and Labrador Health Libraries Association

1994/95 Executive

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Secretary/Treasurer	Cathy Ryan
Past President	Linda Barnett

One of the NLHLA's major activities during 1993/94 was the annual general meeting and workshop held November 19, 1993, and hosted by the Health Sciences Library, Memorial University of Newfoundland. Seventeen of 22 members attended. The workshop consisted of three sessions, the annual general meeting and a meeting of the CHLA 1995 Conference Planning Committee.

The first session was a presentation by Brenda Carter, Director of Patient Services, and Valerie Barrington, Director of Social Work, of the new Dr. Bliss Murphy Cancer Centre in St. John's which is scheduled for opening in the fall of 1994. Ms. Carter gave an overview of the Newfoundland Cancer Foundation and plans for the new research and treatment centre. Ms. Barrington spoke of the plan for a Patient and Family Resource Library in the centre which would allow easy access to information for people affected by cancer.

This was followed by an open discussion on bibliographic instruction moderated by Linda Barnett. This session focused on the needs of library users for instruction in the use of automated tools such as MEDLINE and CINAHL and on the role of the library in teaching information retrieval skills to students.

The third session on literacy levels of nursing students was presented by Milena Segatore, Assistant Professor, School of Nursing, Memorial University of Newfoundland. Ms. Segatore discussed the publication of an article which appeared in *Nurse Education Today* in February 1993.

The NLHLA's other main focus this year has been on planning for the CHLA/ABSC 1995 Conference to be held in St. John's, Newfoundland, June 4-7, 1995. The conference theme will be "Old World, New World" drawn both from the historic character of the city of St. John's and surrounding areas and the principles of preserving and building on enduring values in health librarianship. Co-Chairs for the conference are Catherine Lawton and Shaila Mensinkai. The CHLA/ABSC 1995 Conference Planning Committee has met monthly over the past year with preliminary planning for theme, facilities, and hospitality completed and approved.

Future plans for the NLHLA include a workshop on planning and implementing a program of bibliographic instruction, expanding our relationship with the Newfoundland Library Association, developing an association newsletter and strengthening ties within the membership.

Elaine Duffie

For other 1994 Chapter Reports, see BMC 16(1)

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